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THE NEWSWEEKLY FOR PHARMACY



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CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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REGULARS

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COMMENT

With the general election now over, it is back to business for the health service. The message from Hazel Blears, the minister now responsible for pharmacy services in England, is that the delivery of first-rate health services is top of the political agenda. A failure to deliver effective reforms will play into the hands of those who say the NHS can never deliver, and who see a wider role for private healthcare in the UK. So the pressure is on and the Government is keen to move the debate away from the issue of funding to delivery. Ms Blears made it quite clear last week in her first address to a pharmacy audience that "Pharmacy in the Future" is still the strategic programme that England will be working to, and that medicines management is a primary focus. Local pharmaceutical services will run alongside that, and it is understood the DoH is recruiting two people to develop this aspect. Funding is still an issue, though, particularly for professions that contract to the NHS. Community pharmacies can do more for the NHS, but they need money to invest in staff and other resources. Taking money from the global sum is not acceptable - productivity and script volume have gone up steadily over the past decade as margin has fallen. New money in the reforming NHS means local money. Decentralisation of budgets to front line staff suggests that it is there. The hurdle for pharmacy contractors to overcome is to be heard at local level. In Scotland there has been a big effort to link with LHCCs. In England, the Essex Community Practice Development Unit (see p4) is a model other LPCs could emulate. Part of its remit is to support the 13 community pharmacists who sit on PCGs or PCTs in the area. It is taking a long time, but community pharmacists are starting to make their voices heard. Will it be enough to secure pharmacy involvement in the new PCT environment? Local influence will be as important to the success of pharmacy in the future as any centrally-driven medicines management programme.

Daily dispensing plan

ECCPDU manager Heidi Wright has unveiled a pilot daily remuneration scheme

Minor ailments pilot

Pharmacist prescribing for minor ailments does not raise NHS costs, a pilot in the NE of England has shown

Call for greater public health role

The director of the Scottish PHH has called on pharmacists to assist the Institute's aims

Legal drug-driving accidents up

The British Allergy Foundation is urging drivers who have taken medicines to be careful

The truth about men

Sarah Thackray investigates the increasing popularity of male grooming products

Putting patients in control

A joint PAGB/NHS/Doctor Patient Partnership conference held last week focused on self-care



Heidi Wright



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Hazel Blears, newly-appointed health minister with responsibility for pharmacy

A patient approach

Stephen Eastham explains Boots The Chemists' approach to addressing clinical governance

ExCeL preview wows visitors

An ExhibitorWise Day at ExCeL gave Chemex exhibitors a preview of what the centre offers

EULAR Congress

C&D reports from last week's European League against Rheumatism congress

Moss to launch own-brand products

Moss Pharmacy plans to raise awareness of its identity with the launch of an own-brand range

UniChem stalls on Clarke's future

Political veteran Kenneth Clarke's UniChem chairmanship hung in the balance as he announced he would run as leader of the Conservatives

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Reprimand for peppermint water case pharmacist

Lisa Taylor-Lloyd, the pharmacist implicated in the "peppermint water" death of an infant has been given the all clear to continue practising.

The Royal Pharmaceutical Society Statutory Committee adjourned its decision for up to six months last December to await a report by Boots pharmacy supervisors on Miss Taylor-Lloyd's conduct within the company.

Miss Taylor-Lloyd had been responsible for a pre-registration student who made up a mixture of peppermint water which contained too much chloroform concentrate.

She was fined £1,000 by Chester Crown Court last year for supplying a medicinal product not of the nature and quality specified.

At the Statutory Committee hearing on June 19, chairman Lord Fraser of Carmyllie QC said: "She is now in a position to practise as a pharmacist if she wishes."

The Committee indicated last December that if Miss Taylor-Lloyd was deemed fit to continue working she would only receive a reprimand. "There is nothing that would lead us to alter that conclusion," said Lord Fraser.

AAH launches two training packages

A new Certificate in Community Pharmacy aims to develop the skills pharmacists need to work with GPs.

Developed by AAH Pharmaceuticals in conjunction with Aston University, the course offers distance learning over 10-12 weeks, consisting of 100 hours of open and private study as well as a residential weekend. Running until September, the course focuses on:

- managing prescribed medicines
- managing long-term conditions
- advice and support for other healthcare professionals.

Course assessment involves practical tasks that pharmacists will be expected to perform when working with GPs.

AAH Pharmaceuticals is also working with the Royal Pharmaceutical Society to develop a tailor-made pre-registration exam coaching day. It aims to help candidates tackle calculations, likely to appear in the exam, use reference sources, speedily approach multiple-choice questions and devise a personal revision plan.

The courses are available only to AAH customers. Further information from Linda Clarke on 02476 452346.

Daily dispensing scheme for Essex pharmacies

Community pharmacists in Southend, Essex, will be remunerated for dispensing on a daily basis as part of a pilot scheme developed by the Essex Community Pharmacy Practice Development Unit.

The "daily dispensing scheme", starting in August, aims to prevent the leakage of prescription-only medicines on to the street. Any POM can be prescribed under the scheme but there will be guidelines that GPs, patients and pharmacists must follow.

The GP will endorse a standard FP10 prescription "dispense daily" and fill in a referral letter that the patient presents to the pharmacist with the prescription. The patient will then collect their medication on a daily basis, for a maximum of two weeks. The community pharmacist feeds back to the GP details of the patient's attendance and any other issues they feel relevant.

The project will be run in conjunction with the Roche Unit, local GPs, Southend PCT and the health authority. Pharmacists and GPs in the Southend area will be receiving more information on the scheme soon.

Pharmacist Heidi Wright, manager of the ECPPDU, unveiled the scheme at the joint Essex local pharmaceutical conference last Sunday. She also explained other initiatives being developed by the ECPPDU.

The unit has helped prepare local bids for the Pharmaceutical Services Negotiating Committee's and the National Prescribing Centre's medicines management projects. Unfortunately the bid for the PSNC pilot was not successful - the NPC is due to announce its first wave of pilot areas soon.

"Even if the bids are not successful the project is there ready for primary care organisations to take forward," said Ms Wright, whose main role at the ECPPDU is to support the 13 community pharmacists in Essex who are on the Executive committee of primary care trusts or the boards of primary care groups.

These "strategic" pharmacists have been in post since the beginning of April and have an overall supervisory role for pharmacy in their locality, helped by support pharmacists.

During June the unit has been involved in running a pilot ischaemic heart disease audit, in conjunction with the North Essex Cardiac Partnership.

Involving 10 pharmacies and 11 GP practices, the project asked pharma-

cists to assess any patients presenting on nitrates for concurrent use of aspirin, statins, beta-blockers and ACE inhibitors. The information was fed back to the GP and, once they had acted upon it, the outcome was fed back to the ECPPDU.

The unit will be evaluating the pilot and deciding whether or not to expand it. "This project should help raise the profile and professional standing of pharmacists within the primary care organisations and with patients," said Ms Wright.

The ECPPDU has also developed patient group directions for the supply of nicotine replacement therapy, emergency hormonal contraception and the treatment of conjunctivitis and cystitis but none are in operation yet.

"Funding is the main reason why PGDs are not being taken up. The so-called 'extra' cost of the pharmacy supply compared to a GP prescription is seen as an obstacle by PCOs. Members



Clive Jackson, left, Heidi Wright and John D'Arcy

of the PCOs need to understand how pharmacists are paid and how they could help reduce GP workload," said Ms Wright.

Other schemes currently being developed by the ECPPDU include a four-way agreement scheme for the supply of methadone, risk assessment tool for coronary heart disease, type-two diabetes screening and a minor ailment triage scheme.

The ECPPDU was set up in February to help pharmacists respond to the challenges in *Pharmacy in the Future - Implementing the NHS Plan*. This includes helping pharmacists develop a more professional role as well as changing the way pharmacists are paid to enable them to provide new services under local agreements.

The unit was funded initially by North and South Essex local pharmaceutical committees but will become self-supporting as it is commissioned to do work for health authorities, pharmacy bodies and the pharmaceutical industry.

Pharmacists who would like to contribute to the work of the ECPPDU should contact Heidi Wright, manager of the unit, on 01245 426784 or by e-mail: heidwright@ntlworld.com

She would also be pleased for members of PCOs, HAs or the pharmaceutical industry to contact her if they are interested in any of the projects or have their own ideas for initiatives that community pharmacists could be involved in.

Three years to make the most of NHS reforms, warns NPC director

Pharmacists have a maximum of three and a half years to make the most of the opportunities offered by reforms to the structure of the NHS, Clive Jackson, director of the National Prescribing Centre, has warned.

"Nurses, doctors and other health professionals will also be looking at the opportunities and in some cases these professions are further advanced than pharmacy. Pharmacists need to understand that and make sure we're not lagging behind," he added.

In obtaining funding for new services, Mr Jackson said that pharmacy is not very good at putting in effective

proposals. "I've seen endless bids for money for research and development but pharmacists' bids tend not to be written the right way," he told delegates at the joint Essex LPC conference last weekend.

Mr Jackson advised pharmacists to:

- think outside the existing pharmacy box
- think corporately across the profession
- think multi-disciplinary working
- think like NHS decision makers
- think patient, think public need
- think about personal and professional development.

Heart disease scheme to be tested in Dorset

Ten community pharmacies in Dorset will be taking part in a scheme to help patients measure their risk of heart disease.

Touch screens will be installed in the pharmacies and patients will be asked simple questions. Their answers are analysed by the software and their risk of heart disease is graded as low, medium, medium-high or high.

If the answer is medium or above the customer will be advised that they may benefit from a cholesterol test, which can be performed in most of the pharmacies. There is no charge to the patient.

Pharmacists have been trained in the use of the Cholestec LDX analyser machines which measure total cholesterol and high density lipoprotein (HDL) cholesterol. They have also been trained to take finger-prick blood samples and offer lifestyle counselling.

The scheme is being jointly funded by an educational grant from Schering Health Care, and Dorset Health Authority Pharmacists have been paid a flat fee of £200 for the installation of the software and receive an £8 fee for each cholesterol test performed.

Pharmacists can also refer patients on to lifestyle counsellors who work for Healthworks, Dorset health authority's health promotion team.

The scheme will begin in the next couple of weeks and last for at least six months, possibly 12 depending on continued funding.

IN BRIEF

Scottish Department election

The results of this year's election to the Royal Pharmaceutical Society's Scottish Department executive have been announced. Elected are: Andrew Taylor, Pot Murrey, Harry McQuillon, Elizabeth Grant, Margaret Ryon and Alister McLaren. At the Executive's meeting on June 20, Alison Strath was re-elected chairman and David Thomson was re-elected vice-chairman.

CPP loses e-mail facility

The College of Pharmacy Practice has reported that its internet service provider (ISP) has gone into liquidation, resulting in the temporary loss of the College's e-mail address. All e-mails sent in the week prior to June 26 have been lost. The College is asking that people wanting to contact it use the phone (024 76 692400) or fax (024 76 693069) until further notice.

Announcement imminent on medicines pilots

The successful bids for medicines management pilots being run by the National Medicines Management Project Team, based at the National Prescribing Centre, will be announced soon.

The project team has received a large number of bids from primary care groups and trusts who want to be in the first wave of the programme, the new Health Minister, Hazel Blears, said.

Reconfirming the Government's commitment to the strategic programme set out in *Pharmacy in the Future*, she claimed good progress was being made.

"Central to the agenda must be medicines management in both primary and secondary care, and in between," she said, citing the two "important initiatives" underway at the moment.

One of the nine pilot sites announced by the PSNC-led consortium, looking at structured interventions based exclusively in community pharmacy for patients with CHD, is in her Salford constituency.

The Government is supporting the project, which involves some 180 GPs and 80 pharmacies, by funding the implementation and evaluation costs.

The National Medicines Management Project draws on the primary care collaborative programme, and is primarily geared to making better use of pharmacists' skills in working closely with the rest of the primary care team.

Local facilitators will develop specific action plans collaboratively with GPs and other professional staff. They will offer structured support to help re-design primary care services and systems.

"Here is an opportunity for community pharmacy to show exactly what a difference it can make," she said. "The NHS Plan has promised nationwide medicines management schemes by 2004."

Older people have much to gain from medicines management. That is why there is a particular focus on medicines in the National Service

Framework for older people, the minister commented.

The delivery of a first rate health service is top of the Government agenda, said Ms Blears. "The stakes are high for all of us who believe in the NHS and its fundamental first principles - care based on need, not ability to pay."

The Government wants to make the point that the debate on the NHS has moved on from the need for investment.

With funding growing at twice the rate of the past, and with the promise of sustained investment throughout this parliament, "it is now about whether the way we organise and deliver healthcare in this country can ever deliver a modern patient-focused service".

The NHS is in transition, and the foundations for change are in place, said Ms Blears. "The NHS Plan is long term in its ambitions. Our priority for this parliament is simple - it is not an avalanche of new initiatives. It is delivery."

Minor ailments trial shows no extra cost to NHS

A trial in the North-East has shown that pharmacist prescribing on the NHS for minor ailments does not lead to massive cost increases.

The average cost of a prescription was just over half that of the average FP10, and patients appreciated the speed with which they were seen and treated.

In a trial starting last November, patients visiting three surgeries in Tyne and Wear Health Action Zone received one of two leaflets giving advice and the option of a consultation at a local pharmacy.

Thirteen pharmacies took part, clustered around three surgeries covering a population of about 25,000. The pharmacists dispensed relevant medicines on a special HAZ10 form, which exempt patients signed as they would an FP10. There was a fast track referral system if the pharmacist decided that the patient needed to see a GP after all.

Dr Ian Spencer, director of primary care, Newcastle and North Tyneside Health Authority, told a conference in London that the aim was to promote self-care for minor ailments and to break down the boundaries between GPs and pharmacists.

Nearly 880 leaflets were given out, resulting in 976 prescriptions being dispensed at a total cost of £5,424, which included a £1.50 fee per item to

the pharmacist. The average prescription cost £5.58 and the average item £2.52.

"This compares well with the current £10 average cost of an NHS prescription," he said. "Costs remained in control and there was no major surge in demand."

There is no data for the impact on the GP prescribing or consultation rates yet, but GPs felt there had been fewer consultations for minor ailments

and that they had been under less pressure to prescribe antibiotics. The pharmacists felt the HAZ10 form enhanced their status in recommending medicines and that the scheme strengthened their role as part of the healthcare team. Patients were satisfied with the arrangements, but some were concerned about confidentiality in the pharmacy; the financial saving was less important to them than the speed with which they were treated.



Angela Alexander, incoming chair of the College of Pharmacy Practice, receives the chain of office from retiring chairman Bryan Veitch at the College's Schering Award Dinner (see also People p38)

More primary care funding for Scots

Pharmacists in Scotland are included in a multi-million pound package of investment for the primary care services over the next three years, says Scottish Health Minister Susan Deacon.

The investment is intended to give GPs more time, provide patients with access to a member of the primary care team within 48 hours, and support a bigger role for primary care professionals in improving health in the community.

At the Fit for the Future 2001 conference in Edinburgh the minister also announced a four point "contract for change" with primary care including:

- an increased role for local health care co-operatives, supported by a formal advisory role in the new NHS boards
- new investment, agreed with LHCCs, to improve service and widen access
- the creation of a Primary Care Modernisation Group to produce a clear set of targets and investment priorities by the end of the year
- new guidelines to help unified NHS boards develop the potential of LHCCs.

Details of the extra package of the investment will be announced later this summer.

PCTs could teach pharmacists, says National Prescribing Centre head

Teaching primary care trusts (TPCTs) could be the focus of practice-based primary care pharmacy education in the future, Clive Jackson, the pharmacist who heads the National Prescribing Centre, said last week.

The Government aims to have 30 TPCTs set up by April 2003, similar in number to the new strategic health authorities. There are already three pilot sites in Bradford, Salford and Sunderland.

They are intended to be like teaching hospitals but with a primary care focus. Their aim is to provide teaching and clinical opportunities for the primary and community care professions to support and improve services to local populations.

"At this point in the development of PCTs can we do something to ensure that pharmacy gets something out of these organisations?" asked Mr Jackson. The PCTs could provide a focus for workforce planning. By linking with the national professional bodies and local universities they could provide a focus for practice-based primary care pharmacy education.

Call for greater public health role for pharmacists

The director of the Public Health Institute of Scotland has called on pharmacists to consider how they can contribute to the Institute's aims.

Professor Phil Hanlon has asked the profession to help with "ageing well". Areas where pharmacists could contribute included monitoring blood pressure and cholesterol levels (a possible indicator of the potential for Alzheimer's), providing nutritional advice and carrying out medicine reviews.

Speaking at the Royal Pharmaceutical Society in Scotland's annual general meeting, Professor Hanlon said these were "transitional times" for pharmacy, but he believed there were real opportunities for the profession to make a substantial contribution to improving the health of people in Scotland.

Life expectancy in Scotland was the same as Slovenia and East Germany before unification, Scots, he said, had a right to expect a better record than this. There was a strong tendency for people to ignore the risk factors associated with serious disease.

The AGM was held at the Society's Headquarters at York Place, Edinburgh



RPSiS chairman Alison Strath delivering the annual report at the RPSiS AGM with vice chairman David Thomson and Dr Sheila Stevens, secretary, RPSGB Scottish Department

on June 20. Giving her annual report, chairman Alison Strath said these were challenging and exciting times for pharmacy in Scotland.

Since devolution, the RPSiS had been building bridges with Members of the Scottish Parliament, colleagues in other healthcare professions and representatives of patient groups, by regular meetings and the distribution of briefing and topical papers, she said.

Ms Strath also welcomed the RPSGB Council's decision to invite the chairman or vice chairman of the Scottish Executive to attend its meetings during the year. She values interdependence more than independence and said that pharmacists from all over Great Britain should work in a collaborative manner rather than in isolation.

On June 20. Giving her annual report,

In January a dinner had been arranged at the Palace of Holyrood to mark the beginning of the 150th Anniversary of the Society in Scotland and to award an honorary fellowship to HRH, The Princess Royal.

Following this event, RPSiS and the Princess Royal Trust for Carers had started working together to identify ways in which pharmacists could help carers.

The Scottish Executive for 2001-2 held its first meeting of the new session immediately following the AGM. During the meeting the motion that future candidates standing for election to the Executive would be required to provide a policy statement was rejected.

Nurse prescribing to be extended

Nurses will soon be able to prescribe over 200 prescription-only medicines for 50 conditions. A revised nurse formulary will also include all non-prescription medicines prescribable by GPs.

Prescribing will be an option for all nurses, not just district nurses and health visitors. They can become independent prescribers, able to prescribe all POMs on the list, or supplementary prescribers able to prescribe POMs for specific conditions. Supplementary prescribing is intended for managing mental health and chronic conditions such as asthma and diabetes.

Necessary changes to legislation are expected by the end of the year. Training courses are planned for early

next year and will be followed by a period of supervised practice.

Frances Pickersgill, policy adviser, Royal College of Nursing, predicts that nurses will become more willing to recommend OTC medicines. They will be more confident and adventurous in their treatments. The downside is that, with more prescribers, the public may become confused as to who can prescribe what, and rigorous training programmes will be needed.

Mark Jones, RCN primary care policy adviser, expects that nurses will keep within their specialist fields when prescribing. For example, dentists can prescribe antibiotics, but would only do so for a dental problem.

DTC advertising pros and cons to get an airing

Debate on direct to consumer advertising could intensify in the next few months as it is likely to be the first issue addressed by the newly reconvened parliamentary All-Party Pharmacy Group.

DTC advertising is seen as an important part of the US economy, with the pharmaceutical industry spending over \$2 billion last year.

According to a survey by *Prevention* magazine, DTC advertising has motivated 54 million consumers to talk to their doctors about their health and potential medical conditions, since the Food & Drug Administration issued new guidance on prescription drug advertising in 1997.

DTC advertising includes television and radio advertising, magazines, billboards and information on the Internet.

Schering Laboratories has conducted a review of recent surveys. It believes DTC advertising is a crucial part of the healthcare communication equation as it can prompt people to consult their doctor, possibly averting later complications.

"DTC advertisements raise awareness of a range of therapies that may offer important treatment benefits," said Schering Laboratories.

"DTC advertising also promotes awareness of 1-800 telephone numbers [consumer helplines] and Internet sites that can provide patients with more information about medication or a particular health condition."

Schering also argues that some doctors report that DTC advertising is improving compliance and is strengthening the doctor/patient partnership.

A report by Harris Interactive in the US agrees that such advertising does prompt more people to visit their doctors and to ask about the drugs they saw advertised. "As a result, more prescriptions are written and more pills consumed. Whether this is good or bad, whether it improves health or not, whether it costs more or saves money (because it reduces hospitalisation or surgery) is not yet known."

The EU is considering the advertising regulations in line with a review of its pharmaceutical policies. Dr Paul Weissenberg, a director from the Commission's enterprise directorate, said that the current legal situation is "very restrictive" (*C&D* June 16, p16).

APPG chairman Dr Howard Stoute commented last week that while he had strong views on DTC advertising, it would be interesting to see what pharmacists felt about the matter.

Xrayser

Topical Reflections

Small changes that all add up...

It is now a few weeks since resale price maintenance on medicines collapsed, and so far the impact has been less than expected. Most of my customers do still appreciate my professional advice.

My longer term concern is that the loss of RPM could be the catalyst for the insidious erosion of this public acceptance of professional integrity.

The Royal Pharmaceutical Society has stuck to the letter of the law by refusing to condemn multi-pack promotion of medicines on the grounds that pharmacies must be allowed a level playing field to compete with other retailers.

This argument might hold some water with GSL medicines, but Boots is now selling Claritin, a pharmacy medicine, on a "3 for 2" promotion. This not only conflicts with the advice I would have hoped to have received from our professional body, but also with the pack size restriction imposed by the marketing licence.

Boots is, in effect, now selling a 21-day course of Claritin contrary to its licence and I am assured that this is both ethical and legal. What nonsense.

Then there is the continued campaign by the Medicines Control Agency to reclassify P medicines as GSL. Loratidine and cetirizine are set to make the switch from October and will promptly be displayed on the supermarket shelf.

Soon the whole hay fever market will have joined that for nicotine replacement therapy and moved from "POM to P" and finally to GSL in the space of a few short years.

With all these products displayed on self-service shelves, any effective input from the pharmacist will have finally been removed.

Finally there is Numark's concept of selling P medicines from open display. This may comply with the RPSGB's interpretation of its Code of Ethics but it certainly does not agree with mine. If it is universally applied it will be the final nail in the coffin. There will be nothing to distinguish the community pharmacist from any other retailer in the high street.

The long-term effect of all these small changes will be that medicines will be treated by the general public as no different from any other item of



commerce. The self-medication advice provided by community pharmacists will be consigned to history and their enviable reputation as "the healthcare professional on the high street" once again restricted to an advisory role.

The real cost of compliance

So Boots has launched a service offering to fill medicine compliance aids for patients living in their own homes, and all for the price of £3 per month (*C&D* June 23, p5).

I know this is £3 more than their infamous "free" offer made some years ago to capture residential and nursing home business, but I wonder whether the company has bitten off more than its staff are prepared to chew.

I do fill a few Manrex and Medidose systems for private patients, so I am aware of the problems, and only agree to provide the service if I consider it is really necessary. Often the request comes from carers but when I talk it through and point out that the aid will not make their confused relative actually take the medication, most re-think their own particular problem.

However, the few that I do fill take up a disproportionate amount of time, and even the £5 per month I charge nowhere near compensates. With the Boots service, the aids may

have to be filled on demand. Many patients will expect their prescription to be collected from the surgery and then, dare I suggest it, some will even expect home delivery.

I have not seen the "Medisure" system, but from the published description it sounds even more time consuming than the systems I presently use. If I did not know better, I would question whether Boots has properly assessed the practicality of its new service.

Some you win, others...

Today I lost another customer because I am too soft hearted. I know it is not strictly legal, but I do admit to the occasional loan of medicines, particularly to the forgetful elderly.

Mrs Jones is just such a regular borrower and phoned me last Saturday afternoon. I listened patiently to her tales of woe: possible infection, slight temperature and troublesome cough. Then the punch line: could I lend her some paracetamol and a bottle of red cough syrup?

This was a loan too far and I politely suggested she buy her paracetamol and Simple Linctus Suffice to say that I am now one customer less, but much more relaxed.

NHS to emphasise all-year planning

The Government is to adopt a year-round approach to NHS planning for winter pressures and less predictable events.

The new health minister with responsibility for emergency care and NHS Direct, Hazel Blears, said what concerns the Government "is not so much winter pressures, but seasonal pressures or pressures from other less predictable sources which put pressure on health and social care".

Ms Blears was speaking at the Beyond Winter conference last week. This is the successor to the Winter Planning Conferences, and community pharmacies were included in the promotional material.

In future, Ms Blears said the NHS would be issuing guidance on planning capacity in health and social care on a year round basis. "We also intend that capacity should be planned on a whole-systems as well as a whole-year basis," she said. "This work will tie in closely with Local Modernisation Reviews which will show how the NHS Plan is being delivered locally." A report of the review of Unscheduled Care is also expected shortly.

Ms Blears criticised the way initiatives such as NHS Direct, NHS walk-in centres, primary care centres and GP out-of-hours services had been introduced without overall co-ordination.

Lloydspharmacy spreads the word

Lloydspharmacy has teamed up with the low-fat spread, Flora pro.activ, to launch its Healthy Heart Campaign in 60 of its stores across the UK.

The campaign will highlight the dangers of high cholesterol and the steps people can take to improve the health of their heart. Lloydspharmacy customers will be invited to have a healthy heart check which includes a chole-

BAF highlights legal drug-driving rise

A charity is highlighting the need for caution when driving after taking medicines. The British Allergy Foundation says that 18 per cent of fatal road traffic accidents were linked to legal drugs. One in five drivers is potentially driving "under the influence" of medicines. Legal drug-driving accidents increased 600 per cent over the past decade. Over the same period, drink-driving accidents have fallen by two thirds.

While the charity wants to raise awareness of the problems of drowsiness particularly associated with the first generation antihistamines, it is warning that care should be taken with any medicine. "While people are aware of the effect alcohol has on their ability to drive, there is still a low level of awareness when it comes to the effects of antihistamines or other medications," said BAF chief executive Muriel Simmons.

This is the second year that the charity has joined forces with motoring

organisations to promote the campaign. RAC Foundation executive director Edmund King said: "We believe that all medications need better labelling to enable motorists to establish whether they will affect their driving ability. It also makes sense that when people are suffering from hay fever, they opt for the truly non-sedating options."

One of the concerns raised in this year's campaign is that, unlike alcohol, there is currently no legislation restricting the intake of medicines which can affect driving. And while many people using the second generation antihistamines believe that they will not cause drowsiness, BAF is concerned that users may increase the dose when pollen levels are high, increasing the risk of drowsiness or other impairment while driving.

● A three-second sneeze when driving at 70mph can mean travelling 300 feet with your eyes closed, with potentially fatal consequences, says BAF.

Herpes group promotes lignocaine

The Herpes Viruses Association is campaigning to raise awareness among pharmacists of the availability of lignocaine.

HVA members have reported that

when they try to buy the topical anaesthetic over the counter, pharmacists tell them it is discontinued or not available without prescription. But Biorex still supplies plain lignocaine gel 1 and 2 per cent, ointment 5 per cent and topical solution 4 per cent.

The products are available in hospital packs, licensed for symptomatic relief of cold sores. A spokeswoman said there should be no problem with use in the genital area, as lignocaine is used as a topical anaesthetic in urethral catheterisation, anal fissure and haemorrhoids.

AstraZeneca supplies standard lignocaine gel 1 and 2 per cent. All are P medicines available through major wholesalers. Confusion may have arisen because the 2 per cent and 5 per cent strengths, marketed under the brand name Xylocaine, were discontinued a year ago.

The HVA said doctors and pharmacists may be wary of recommending lignocaine because of the risks of sensitisation, but the association claims this is rare and the skin quickly returns to normal when use stops.

"It is a little over-protective for pharmacists to discourage the use of such a helpful product when more expensive items containing lignocaine are freely available without question, for example, Lypsyl cold sore gel, Anbesol and - interestingly - Stud (10 per cent), a spray designed to desensitise the penis and delay orgasm," HVA said.

Product information

Active Ingredient: Peppermint oil BP 0.2ml

Presentation: Light blue/dark blue sustained release enteric coated capsule.

Uses: Relief of the Symptoms of Irritable Bowel Syndrome (IBS).

Dosage and Administration:

Adults and Elderly: 1 or 2 capsules three times a day, according to discomfort, for up to 2 weeks.

With medical advice may be used up to 3 months.

Children: No experience below the age of 15 years.

Do not take immediately after food or with indigestion remedies.

Special Warnings and Precautions:

The capsules should be taken whole, they should not be broken or chewed because this would release the peppermint oil prematurely, possibly causing local irritation of the mouth or oesophagus.

The diagnosis of IBS should be confirmed by a doctor.

A doctor should be consulted where -

- (a) patient is 40 years or over with changed symptoms or long gap since last attack,
- (b) blood passes from the bowel,
- (c) nausea or vomiting,
- (d) paleness/tiredness,
- (e) severe constipation,
- (f) fever,
- (g) recent foreign travel,
- (h) pregnancy or possible pregnancy,
- (i) abnormal vaginal discharge or bleeding,
- (j) difficulty or pain passing urine,
- (k) loss of appetite or loss of weight.

The patient should consult their doctor if new symptoms occur or there is a lack of improvement after two weeks. Safety has not been confirmed in pregnancy or lactation and it should not be used unless directed by a doctor.

Adverse Effects: Occasional heartburn and peri-anal irritation. Allergy to menthol in the oil is rare: symptoms are rash, headache, slow heartbeat, muscle tremor and clumsiness, which may occur in conjunction with alcohol.

Overdose: Gastric lavage.

Symptomatic treatment.

Package Quantities: Colpermin is available in cartons of 20 or 100 capsules.

Price: 20 capsules £2.75 trade, £4.85 RSP (£4.13 exc.VAT); 100 capsules £10.96 trade, £19.32 RSP (£16.44 exc.VAT).

Legal Category: GSL.

Pharmaceutical Precautions:

Store below 25°C; avoid direct sunlight.

Product Licence Holder:

Pharmacia Ltd, Davy Avenue, Milton Keynes, MK5 8PH, UK.

Tel: 01908 661101; Colpermin is a registered Trade Mark.

Product Licence Number: PL0032/0218.

Date of Preparation: June 2001.

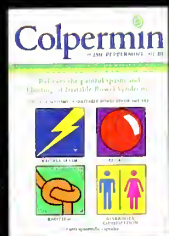
Pharmacia Ltd, Davy Avenue, Milton Keynes, MK5 8PH, U.K.
Telephone: 01908 661101

Colpermin



Celebrities Sir Henry Cooper (seated, left) and Don McClean (far left) helped launch the Healthy Heart Check campaign with Lloydspharmacy deputy superintendent pharmacist Nick Mortimer and Flora pro.activ nutritionist Louise Walker

YOU CAN'T PREDICT WHAT IBS THROWS AT YOU



For an effective result, recommend Colpermin to treat the different sides of Irritable Bowel Syndrome.

Colpermin's enteric coating is specially designed to reach the bowel intact, which ensures its special formulation can deliver relief exactly where it's needed. Then its antispasmodic action relaxes the bowel to soothe cramps and ease pain, and its carminative effect disperses trapped wind and relieves

that bloated feeling. ***So don't take a gamble, rely on Colpermin, the leading treatment in the IBS OTC market.***



IMPACTFUL NEW POS COMING SOON

For more information, please contact your
Pharmacia representative or call 0500 390114

Colpermin
0.2ml Peppermint Oil BP
MODIFIED RELEASE CAPSULES

MORE THAN JUST AN ANTISPASMODIC

Script specials



SuperSkin that doesn't sting

CliniMed has launched SuperSkin, which is formulated to protect skin that is at risk from the damaging effects of moisture, friction and shear.

The liquid formula is quick and easy to apply and because it contains no solvents, it does not sting.

Sterile applicators have been designed for precise delivery wherever required. The 0.7g applicator protects a 10 x 10cm area and the 2.0g applicator covers 20 x 20cm, making it suitable for treating larger areas such as the sacrum.

It will give continued protection for up to three days and does not need to be reapplied at every dressing change.

NHS prices: 10-pack 0.7g size £8.00 and 10-pack 2.0g size £13.00.

CliniMed

Tel: 01628 850100.

MS treatment can lose effectiveness

The long-term effectiveness of beta interferon in the treatment of multiple sclerosis can wear off, specialists at the World Congress of Neurology in London warned.

Multiple sclerosis specialists said that the long-term benefits could be effectively sabotaged by the development of neutralising antibodies (NABs). But some drug regimes stay potent for longer than others.

Evidence to support the detrimental effects of NABs on patient outcome is steadily accumulating, consultant neurologist Dr Susan Stefoski of Rush Medical College, Chicago, said. "There is now a wealth of data which show a correlation between the presence of NABs and decreased efficacy of beta interferons in MS."

The mounting evidence has implications for the three beta interferon products currently available.

Three research reports showed that Avonex (interferon beta-1a) given intramuscularly once a week is much less likely to give rise to the antibodies than Betaferon (interferon beta-1b) given subcutaneously every other day.

Rebif (interferon beta-1a given subcutaneously three times a week)

Dr Jackie Palace of the Radcliffe Infirmary, Oxford, said: "Because NABs take up to a year to develop, any effect on efficacy should be measured after this period."

New treatment for impotence preserves spontaneity

Uprima (apomorphine hydrochloride), the new Abbott Laboratories drug for impotence, is claimed to work faster than Viagra, while preserving the important element of spontaneity.

The first of a new class of oral treatments for erectile dysfunction, Uprima is a dopamine receptor agonist which acts centrally in the hypothalamic region to enhance the erectile process. Other oral ED therapies such as sildenafil act peripherally.

One tablet should be taken sublingually around 20 minutes prior to sexual activity (it is ineffective if swallowed because of extensive first pass metabolism in the liver). The median onset of effect is 18-19 minutes. Patients should

be started on a 2mg dose, which may be increased to 3mg if necessary. At least eight hours should elapse before Uprima can be taken again.

Clinical trials (where the populations were typical of men being treated for ED) showed that taking Uprima resulted in a two- to threefold improvement over baseline for all patient groups.

Abbott warns that for Uprima to be effective, sexual stimulation is required and the patient's partner has a key role in any treatment programme. It is not indicated for women.

Uprima can be used in patients taking concomitant nitrate therapy, although caution needs to be exer-

cised. In clinical trials the majority of adverse effects were mild to moderate. Uprima is available in 2mg (2 tablets £8.20, 4 tablets £16.40) and 3mg strengths (2 tablets £9.70, 4 tablets £19.40). As with other treatments for impotence, Uprima falls under Schedule II of the NHS (GMS) Regulations. This means it can be prescribed on the NHS for men who, in the GP's clinical judgement, have impotence plus any one of a number of medical conditions such as diabetes, MS, Parkinson's disease, prostate cancer and conditions where neurological damage is present.

Abbott Laboratories

Tel: 01628 644305.

Migraine drug can help relieve poor responders to sumatriptan

The Pfizer migraine drug Relpax (eletriptan), which has been approved in the UK and Europe, has been shown to be safe and effective in helping people who have stopped using sumatriptan because of poor levels of relief or tolerability.

A new multi-centre study shows oral eletriptan 40mg and 80mg to be safe and reliable in the acute treatment of migraine in people who did not get on well with sumatriptan. Results of the multi-centre study involving 446 such patients were pre-

sented at the XVII World Congress of Neurology in London.

The placebo-controlled trial showed that "at two hours, headache response rates were 59 per cent for eletriptan 40mg, 70 per cent for eletriptan 80mg, and 30 per cent for placebo," said Jes Olesen, Professor of Neurology, University of Copenhagen.

The study showed that after two hours, 35 per cent on the low dose pill and 42 per cent on the higher dose were pain-free, compared to only 7 per cent on placebo.

Relief came quickly, with more than 40 per cent of the patients feeling their headache and nausea start to lift within an hour of taking the drug.

Relpax is indicated for the acute treatment of migraine with or without aura. It has been studied in trials involving 11,000 patients and for treating more than 70,000 migraine attacks.

It will not be indicated for patients with severe kidney or liver impairment or the over-65s. It should not be used with CPY3A4 inhibitors.

Folic acid cuts neural tube defects in US

Neural tube defects in the US have declined by almost 20 per cent since the mandatory addition there of folic acid to bread and pasta.

The results, reported in *JAMA*, have renewed pressure on the US Government to follow suit. "All the relevant committees have recommended that the UK should fortify flour with folic acid. I don't know why there is a delay in implementing such a policy," Prof Nick Wald, a member of the

Committee on Medical Aspects of Food and Nutrition Policy (COMA) says in the *British Medical Journal*.

COMA recommended a year and a half ago that flour should be fortified with folic acid, and consultation ended last October.

In the US, neural tube defects fell from 37.8/100,000 live births before fortification to 30.5/100,000, representing a 19 per cent decline.

In the US, 140mg of folic acid is

added to every 100g of grain. The COMA report recommended a higher level, saying that 240mg of folic acid should be added to every 100g of flour, with a projected reduction in neural tube defects of 41 per cent.

Prof Wald said that the current policy of advising women to take folic acid supplements is not working. "Half or more pregnancies are unplanned, so women won't have been protected at the crucial time."

RPM headache?



...take Cuprofen

Recommending Cuprofen is good for you and your customers. It's less expensive than the leading Ibuprofen brand, even with 50% off in supermarkets, so it still offers better value for your customers*.

What's more, Cuprofen is still **ONLY** available in pharmacy.

So next time a customer wants Ibuprofen, recommend Cuprofen, it'll help make everyone feel better.

Contact your SSL Representative for full details of the great deals available.



Further information is available from SSL International,
Toft Hall, Knutsford, Cheshire WA16 9PD.
Cuprofen is a Trade Mark of the SSL group.

*Based on Manufacturer's RRP



Cuprofen Abbreviated Product Information. Presentation: Pink, film-coated tablets containing Ibuprofen BP 200mg. **Indications:** For the relief of rheumatic, muscular, dental and period pains and pain in backache, neuralgia, migraine and headache and for the symptomatic relief of colds, flu and feverishness. **Dosage:** For oral use. Tablets to be taken preferably after food. **Adults and children over 12 years:** 2 tablets to be taken with water. Initial dose may be followed by further doses of 1 or 2 tablets every 4 hours. Maximum daily dose, 6 tablets in 24 hours. **Precautions:** Do not exceed the stated dose. Not suitable for children under 12 years of age. Consult your doctor if you are asthmatic, sensitive to aspirin or other NSAIDs, or are pregnant. Do not take if you have a stomach ulcer or other stomach disorders. Keep out of the reach of children. If symptoms persist, consult your doctor. **Legal category:** P. **Pack Quantities and RSP:** £0.99 per pack of 12 tablets, £1.25 per pack of 24 tablets, £2.25 per pack of 48 tablets, £3.99 per pack of 96 tablets. **Product Licence Holder:** Cupal Ltd, King Street, Blackburn BB2 2DX. **PL No:** 0338/0055.

Cuprofen Maximum Strength Abbreviated Product Information. Presentation: Pink, film-coated tablets containing Ibuprofen BP 400mg. **Indications:** For the relief of rheumatic, muscular, dental and period pains and pain in backache, neuralgia, migraine and headache and for the symptomatic relief of cold, flu and feverishness. **Dosage:** For oral use. Tablets to be taken preferably after food. **Adults and children over 12 years of age:** 1 tablet to be taken with water. The initial dose may be followed by further doses of 1 tablet. Not more frequently than every four hours. Maximum daily dose: 3 tablets in 24 hours. **Precautions:** Do not exceed the stated dose. Not suitable for children under 12 years of age. Consult your doctor if you are asthmatic, sensitive to aspirin or other NSAIDs or are pregnant. Do not take if you have a stomach ulcer or other stomach disorders. Keep out of the reach of children. If symptoms persist consult your doctor. **Legal category:** P. **Pack Quantities and RSP:** £1.45 per pack of 12 tablets, £2.25 per pack of 24 tablets, £3.99 per pack of 48 tablets, £6.99 per pack of 96 tablets. **Product Licence Holder:** Cupal Ltd, King Street, Blackburn BB2 2DX. **PL No:** 0338/0085.



Counterpoints



Moss unveils own-brand range

Moss Pharmacy will be launching its first ever limited range of own-brand products in July, initially focusing on analgesics, counter medicinals and film (see also page 33).

The new range will include 16 and 32 pack sizes of paracetamol (500mg) tablets, priced at £0.35 and £0.59. Moss-branded paracetamol is also available in caplet form in the same two pack sizes, retailing at £0.35 and £0.65 respectively.

The own-brand analgesic range will be completed by aspirin tablets (300mg) in 16 (£0.35) and 32 (£0.59) pack sizes.

A selected range of own-brand counter-medicinals will include olive oil (92ml, £1.32), clove oil (100ml, £0.94), almond oil (50ml, £0.69) citric acid mono BP (50mg, £0.63).

Moss will also be launching its Ultima photographic range, with 24 and 36 exposure 35mm films (ISO400), priced at £2.49 and £2.99 respectively.

The packaging is colour coordinated for easy product identification, while the reverse lists the areas the product is indicated for and the warnings in a clear and simple manner.

Moss will support the launch of its own-brand range with window posters and leaflets, as well as special promotions such as 25 per cent off analgesics and bogof's (buy one get one free) all of which are scheduled for August. On-shelf consumer information for the own-brand is due to be issued slightly later.

Moss said that more own-branded product lines, such as ibuprofen, A1 film and disposable cameras, could be expected shortly.

Moss Pharmacy
Tel: 0208 890 9333.

Galpharm tackles tiresome indigestion

Galpharm Healthcare is launching two GSL indigestion and heartburn relief products into pharmacies and grocers.

Galpharm Ultra Heartburn Relief (famotidine 10mg) and Indigestion Relief (ranitidine) are designed to give fast relief from heartburn and indigestion.

The small, easy-to-swallow tablets are formulated to inhibit the acid producers in the stomach from over-reacting to certain

"trigger" foods or drinks.

Today's busy lifestyles and the popularity of spicy food and eating out are driving the growing £90 million

indigestion and heartburn market. Research shows that over one third of adults suffer from these problems.

In the past, these ailments mainly affected adults over the age of 40, but changing lifestyles mean that an increasing number of younger adults now suffer too.

Retail price is £1.69. Trade price £11.52 for a case of 12.

Galpharm International Ltd.
Tel: 01226 779911.



GSL packs for NiQuitin CQ Clear

GlaxoSmithKline Consumer Healthcare has introduced new GSL packs for its NiQuitin CQ Clear transparent nicotine patch.

The move follows the Government's switch of nicotine replacement therapy products to the general sales list on May 31.

Boots is siting these in front of its pharmacy counters, while grocery stores are expected to follow soon.

The new packs incorporate clear instructions on the front to help smokers self-select which NiQuitin

CQ Clear pack - Step 1, 2 or 3 - is right for them.

Smokers of more than 10 cigarettes a day should start with Step 1 and lighter smokers (10 cigarettes a day or fewer) should start with Step 2.

The pack instructions advise consumers that seeking professional help, such as from a pharmacist, will increase their chances of successfully quitting.

GlaxoSmithKline Consumer Healthcare
Tel: 020 8560 5151.

Rand Rocket launches support range

Rand Rocket is launching a support range designed to produce thermal even pressure, sheathing and stabilising effects.

Abcare Sil Neoprene supports a suitable for the wrist, elbow, ankle, leg, kneecap, shoulder and back.

Neoprene foam has a 4mm thickness to give a similar effect to plaster, though less

restrictive, enabling free movement.

The supports help stimulate blood circulation and reduce the risk of strain or injury during physical exercise.

The navy blue supports are available in four sizes. All seams are flat to avoid necrosis.

Rand Rocket Ltd.
Tel: 01207 591099.

Nutritional drink muscles in on fitness market



Nutricia is launching a nutritional drink to help provide the nutrients that sports and fitness enthusiasts need to maintain an active lifestyle.

Myoplex Ready-to-Drink Nutrition Shake is part of the American EAS range of performance nutrition products for active lifestyles.

It is formulated with protein, carbohydrates and a wide range of vitamins, minerals and other micronutrients.

The formula provides 20 grams of protein to build new muscle and 20 grams of simple and complex carbohydrates to give the body energy for peak performance.

The drink also provides over 50 per cent of the RDA for virtually every essential vitamin and mineral the body needs to build muscle and burn fat when used with a regular exercise programme.

It comes in a choice of three flavours - Chocolate Fudge, Strawberry Cream and Vanilla.

The launch will be supported by a £100,000 advertising campaign in health and fitness magazines until September.

The manufacturer recommends using two or three servings daily. The product should be refrigerated after opening.

Retail price is £1.99 for an 11oz container.
EAS UK (division of Nutricia).
Tel: 01204 707420.

Why our new baby-bottle will be gurgling off your shelves this summer

1 Steri-bottle® is the revolution in infant feeding.
2 Pre-sterilised, disposable, affordable...it is to ordinary feeding
3 bottles what disposable nappies are to terry towels!
4 Safe and simple, it takes the time and stress out of bottle-washing
5 and sterilising. Perfect for summer, at home or on the move.
6 We're advertising Steri-bottle® every month with colour pages in
mother and baby and pregnancy magazines. Radio advertising
started June 15th, continues through summer. Dispenser and leaflets talk
to customers in store. And we sponsor high-profile Tommy's Campaign
and National Pregnancy Week w/c 3rd September.

7 National sampling through Little Chef outlets from July.
8 Steri-bottle® comes in 125ml and 250ml sizes with medium
9 or fastflow teats, packs of 4 from just £1.99 (RSP).
10 Available at Chemist Wholesalers: Unichem, Enterprise,
11 Numark Trading Ltd, CBS Genios.

12 It's going to be a picnic. So... Ready, Steri, Go!

Product description	PIP code
125ml Steribottle® 0-3 months pack of 4	280-3104
250ml Steribottle® 0-3 months pack of 4	280-3138
250ml Steribottle® 3 months+ pack of 4	280-3120



For sales enquiries, contact Chemist Brokers Ltd.
Tel: 02392 222500. Fax: 02392 222555.



P&G to phase out Olay cosmetics

Procter & Gamble UK has revealed that it will phase out its Olay Cosmetics range over the next 12 months.

A P&G spokesperson says the range, which was introduced in 1997, has not lived up to business expectations.

Olay Cosmetics will also be phased out in the US, Canada and Ireland, as part of a global restructuring programme.

P&G has decided to focus on its more profitable Max Factor range, which is the No 4 cosmetic brand in the UK (Taylor Nelson).

The Olay skincare range is still available and will be unaffected by the decision.

Procter & Gamble UK.
Tel: 01932 896000.

Bodyform pack wraps up the cycle

SCA Hygiene Products is introducing a combination pack in its Bodyform feminine hygiene range.

Bodyform Combi-pack contains 18 Invisible towels, five Goodnight towels and 12 Normal Pantyliners in single wraps.

The pack is designed to satisfy the dual usership of towel and liner consumers by providing them with the right combination for a complete cycle in one pack.

The company's research shows strong growth in 'between period'

usage of pantyliners. More than one in five women now use towels and liners during their monthly cycle.

The retail price of the combination pack is £3.57. **SCA Hygiene Products Ltd.**
Tel: 01582 677400.



Travelling can be a soothing experience for baby

MAM is introducing a hygienic, steam sterilisable travel case for its Mini Ulti and Ulti soothers.

The compact soother case can be sterilised by any method and has compartments so that used and sterilised soothers can be kept apart to avoid contamination.

It has been designed to be easy to open with one hand and to fit all makes of soothers or a soother and a soother clip.

The transparent case is sold with two MAM soothers in an assortment of colours and designs.

A header card houses a leaflet that gives full information about safety and usage.

The retail price is £3.49.
MAM (UK) Ltd.
Tel: 020 8943 8800.



2thbrushing on the move

New Horizons is introducing a range of covered toothbrushes designed to fit into an inside pocket or bag.

Zinger 2thbrushes have medium bristled heads and their own hygienic case with a vented end cap designed for non-drip storage (any residue evaporates inside).

The toothbrushes come in six colours, which were selected by a cross-section of age groups.

They are available in cases of 12 (two of each colour) with a eurohook if required. The introductory retail price is £1.99.

New Horizons Inc. Ltd.
Tel: 01383 724664.

Quinoderm to expand into OTC skincare

Adams Healthcare will relaunch its Quinoderm anti-acne treatment range in October. The move follows the company's recent acquisition of the brand.

The Quinoderm range will be expanded to include two new OTC self-selection products – facial wash for use morning and night – and facial cleanser for regular use.

Until now, the range has only been available behind the counter and on prescription.

The current range comprises two anti-acne treatment creams containing benzoyl peroxide (BP) with an added broad-spectrum antimicrobial to help its efficacy.

Quinoderm Cream contains BP 10 per cent and Quinoderm 5

contains BPO 5 per cent for more sensitive skins.

From October, the range will also include Quinoderm Facewash and Quinoderm Facial Cleanser which will both retail at £3.49 for 150ml.

The range will be repackaged with a contemporary look designed to appeal to teenagers, who are the main acne sufferers.

A consumer education programme will include association with The Acne Support Group and a dedicated helpline to give treatment to sufferers.

The relaunch will be supported by a £500,000 marketing campaign.
Adams Healthcare.
Tel: 0113 232 0066.

Canesten® AF Once Daily Bifonazole Cream – Product Information

Presentation:

Canesten® AF Once Daily Bifonazole Cream contains 1.0% w/w bifonazole.

Indications:

Treatment of athlete's foot.

Dosage and Administration:

Wash and dry affected areas then apply the cream and rub in gently once daily, preferably at night for two to three weeks.

Contra-indications:

Hypersensitivity to imidazole antifungals. Treatment of nappy rash.

Side-effects:

Skin reactions such as transient slight irritation, reddening, peeling or burning occur (Frequency > 1.0%). Contact dermatitis occurs infrequently (> 0.1%). These side effects are reversible after discontinuation of treatment. Very rarely, systemic hypersensitivity reactions may occur.

Use in Pregnancy:
Not recommended.

Cost: 15g tube, £4.99.

MA Number:
PL 0010/0103.

MA Holder:
Bayer plc, Consumer Care Division, Bayer House, Strawberry Hill, Newbury, Berkshire RG14 1JA.

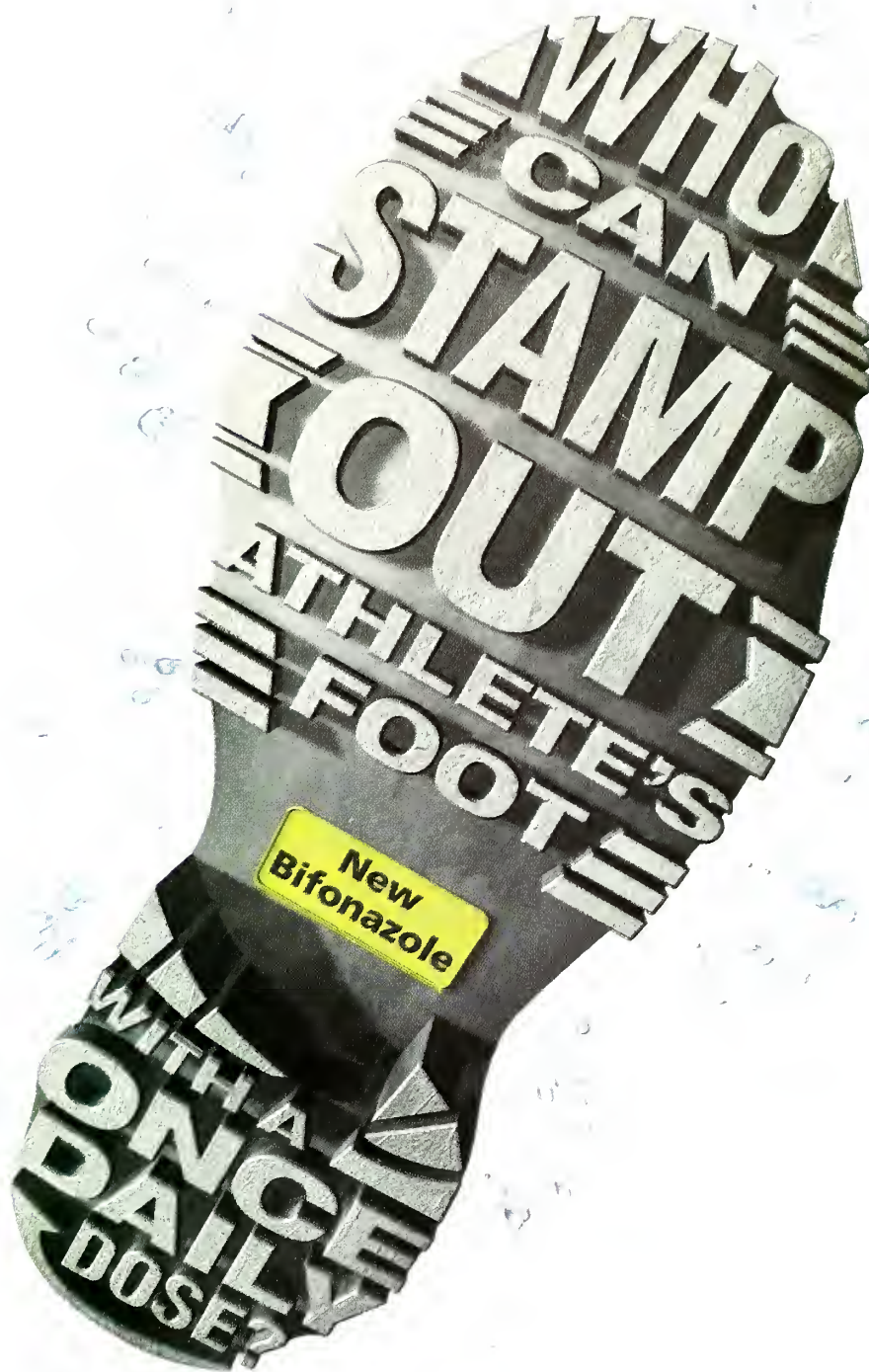
Legal Category: P.

Date of Preparation:
January 2001.

References:

1. Friedrich HC, et al. Efficacy of Mycospor Cream in the treatment of mycoses of the foot. *Z Allg Med* 1992; 68: 325–329.
2. Lucker PW, et al. Retention Time and Concentration in Human Skin of Bifonazole and Clotrimazole. *Dermatologica* 1984; 169(1): 51–55.

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Canesten CAN

- Bifonazole is the new active ingredient from Canesten, offering the first water-resistant treatment for AF¹



- Bifonazole penetrates the skin¹ giving 24-hour,² broad-spectrum activity, and providing effective treatment for the whole foot¹

The only water-resistant, ONCE DAILY azole for athlete's foot



imagine



At Alharma, we have adopted a new philosophy:
To make life easier for our customers
and the people who need our products.
We call it accessible medicine.

We are changing. There is more to Alharma than developing and manufacturing affordable generic pharmaceuticals. Our vision is to make medicine more accessible. What do we mean by accessible? We mean:

- easy-to-understand packaging
- clarity in all our communications
- a comprehensive and flexible product range
- an open and enthusiastic response to your needs

To give you timely and high-quality deliveries, we are creating a pan-European integrated supply chain.

To find out more about how accessible medicine will benefit you and your customers or patients, please visit our website www.accessiblemedicine.co.uk, or call us on 01271 311 200.

 **ALPHARMA**
Making medicine accessible

SUPERMARKET SWEEP

Average unit price

	Asda		Sainsbury's		Tesco	
	9th June 2001	16th June 2001	9th June 2001	16th June 2001	9th June 2001	16th June 2001
Nurofen tablets 16s	1.14	1.14	1.16	1.65	1.14	1.14
Anodin Extro 16s	2.15	2.15	2.15	1.28	1.29	1.29
Rennie 24s peppermint	1.26	1.26	1.69	1.69	1.19	1.19
Benylin Chesty Cough	2.71	2.71	3.39	3.39	3.39	3.40
125ml non-drowsy						
Sonotogen Gold A-Z 90s	4.98	4.98	9.99	9.99	4.98	4.98
Colpol Sugar Free	1.37	1.37	2.75	2.75	2.75	2.75
10X5ml sochets						
Vicks VapoRub 50g	2.99	2.99	2.99	2.99	2.99	2.99
E45 cream 50g tube	1.85	1.85	1.89	1.89	1.85	1.85

A weekly data review from Information Resources shows how grocers are reacting to RPM

Razor rucksack is a sound proposal

Wilkinson Sword has teamed up with UK dance club brand Ministry

of Sound to run a summer rucksack promotion for its Lady Protector +.

Special edition rucksacks will be available in major multiples and independent chemists until September.

Each rucksack contains a Lady Protector + razor and shaving mousse plus an exclusive CD and mini version of *Ministry* magazine.

The promotion is designed to recruit new users to Lady Protector + by using music as an entry point to buying razors.

Retail price is £7.99.
Wilkinson Sword Ltd.
Tel: 01494 533300.



Diffucan One has big shelf presence

Warner Lambert Consumer Healthcare is promoting its Diffucan One oral thrush treatment with a new shelf unit. The fixture comprises a double-facing permanent shelf unit featuring the Diffucan One pack.

It emphasises the brand messages "one capsule by mouth" and "fast complete treatment of vaginal thrush". The unit is designed to increase brand visibility and help promote category management. It will be available to pharmacies from July.

Warner Lambert Consumer Healthcare.

Tel: 0207 761 1725.



The bottom line

Reckitt Benckiser, manufacturer of Senokot and Fybogel, has produced a constipation training initiative.

The Pharmacy Constipation Knowledge pack is designed to help pharmacy staff to confidently diagnose and treat constipation.

It covers the digestive system, constipation, identifying the customer's problems and information on more serious disorders. A self-assessment test appears after each section.

The pack has been recognised by the National Pharmaceutical Association with the award of a Training Seal.

● C&D readers will receive the pack free with next week's issue.

Reckitt Benckiser.

Tel: 0500 455456.

Deep down with Mentholatum

Mentholatum is targeting users of topical analgesics with a £600,000 advertising campaign for its Deep Relief Ibuprofen Gel.

Press advertising will appear from July until next January in publications read by older people.

Featuring the headline "If you think ibuprofen gels all work the same way... look deeper," the advertising shows an open tube of Deep Relief.

The campaign highlights features such as the product's dual action, fast absorption and deep penetration.

The campaign will also include TV advertising on Channels 4 and 5 in January and February 2002.

Laser Healthcare.

Tel: 01202 780558.

IF YOU THINK IBUPROFEN
GELS ALL WORK THE SAME WAY...
LOOK DEEPER.



ON TV NEXT WEEK

Anadin Ultra: All areas

Aqua Protect plaster: All areas

Beconase Hayfever: U

Benadryl Allergy Relief: All areas except GTV, U, STV, C, CTV, TSW, Sat

Clearasil: HTV, CTV, W, M, LWT, CAR, C4

Daktarin Gold: C4, C5, ITV, Sat

Imperial Leather dancing duck: All areas

Lloydspharmacy: C, W

Magicool: B, G, Y, M, TT, GMTV

Nivea for Men: C4, Sat

Panadol: U

Regaine: Sat

Sensodyne toothpaste: All areas

Wella Vivality: All areas except GMTV, TSW

Witch Skincare: All areas

Pharmasite for next week: Clarityn - Window, Clarityn - In-store,

Canesten Hydrocortisone - Dispensary

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

IN BRIEF

Milton change

Laboratoires Rivodis has acquired the UK rights for Milton sterilising products from Procter & Gamble. Ceuto Healthcare will manage the sales, marketing and distribution of the Milton brand to pharmacies. A new dedicated professional detailing team will promote the range to key health professionals in maternity hospitals and the community.

Ceuto Healthcare.

Tel: 01202 780558.

Summer terrors

Aventis Pharma is supporting its Anthison Bite and Sting Cream with a £250,000 press campaign this summer. The dramatic advertisements show the hidden terrors that can lurk in the garden.

Aventis Pharma Ltd.

Tel: 0990 133347.

As Boots abandons its plans for men-only stores, Sarah Thackray investigates the opportunities for pharmacies to take advantage of men's growing interest in their personal appearance

The truth about men



Men's grooming is one of the fastest growing health and beauty areas, with products such as hair gel and facial moisturisers now finding their way into men's bathrooms alongside traditional items like razors and shaving cream.

Around £513 million is now being spent on men's grooming products - with more than £44m of sales going through pharmacies.

Yet, despite a TV diet of sporting heroes extolling the virtues of men's grooming brands, it seems today's men just can't be cajoled into buying health and beauty products by themselves.

Although men are now taking their personal appearance more seriously, they are lazy in their attitude towards shopping for grooming products, according to a new report.

Mintel research shows that few men claim to enjoy shopping for toiletries. Of the 900 men questioned, over a third were happy to delegate this chore to their partner, while around a fifth will make do with whatever products are already in the bathroom.

The study also reveals that a quarter of men don't feel they need advice on men's grooming products from sales assistants.

Different environment

Retail pundits have suggested that men want a completely different shopping environment for male grooming products and services, but Boots' recent experience is that this is not the case.

A decision has now been made to close the two Boots Men stores in Bristol and Edinburgh because they have failed to take off as hoped.

The two stores were opened under two years ago as part of a £2m investment in a trial men-only concept, designed to take advantage of the growing men's grooming market.

"Although there is an increase in interest in men's grooming, our experience is that men are not currently ready for a stand-alone store," says Boots.

The company has now abandoned its plans to open more men-only stores. Instead, it will apply the experience learnt from the trial to develop male grooming and services in its Health & Beauty Services stores where men can have a wet shave, manicure or massage in the treatment rooms.

The idea behind Boots Men stores was to create a masculine environment where men would feel confident about browsing for products without feeling intimidated or having to navigate their way through women's products.

Other male-targeted ideas now being utilised by Boots include a TV screen showing sports videos in the men's grooming area of its Bluewater store and a touch screen facility to provide information on men's health which is proving popular in Manchester.

Meanwhile, Lever Fabergé reports that its two pilot Lynx Barbershops for young men are "doing well and building a regular clientele," but there are currently no plans to open further stores this year.

The company launched its male hair salon and grooming store concept with the Oxford Street store last October and a second store opened in Kingston-upon-Thames in February.

Prior to the initial launch, the company said it planned to open a chain of these stores across the UK, but progress on new openings is slower than originally predicted.

As with Boots, the concept is designed to capitalise on the rapid growth in demand for male grooming products and services.

The Lynx Barbershops offer a range of grooming treatments including shaving, facials and manicures, but are more of a salon than a store.

A full range of Lynx products and branded merchandise is stocked in the salons where customers can play on a Sony Playstation or watch "Musicplay" TV on their own screen.

Understanding men

"If properly exploited, the recent growth in demand for men's grooming products can have a positive impact on pharmacy sales," comments Ian Bray, marketing director for AAH Pharmaceuticals.

"A clear and defined sense of category merchandising is central - presenting products so they are clearly visible to both staff and customers, as well as taking into account the psychology behind men's buying habits," he says.

Men's grooming products should be placed in their own specific area, clearly visible from the store entrance.

"Psychologically, men do not like to search around a store for products

and will go elsewhere if they cannot quickly find what they are looking for."

Location is also important - if a pharmacy is near a health club or sports centre, consider stocking products that will tempt new and existing customers in store.

Although most purchases in this market are still dominated by more established male grooming products (razor blades still account for the bulk of sales at around 65 per cent), most significant growth is in the smaller sectors.

Facial products, in particular facial washes, have recorded a massive 88 per cent increase in sales.

The market continues to be dominated by two companies (Gillette and Lever Fabergé) who together have a 65 per cent share - reflecting the power of brand association in driving sales within this category.

The success of both companies can also be attributed to the growing trend towards using a collection of products as part of a men's "grooming regime".

Lever Fabergé's Lynx, for example, now offers men a complete grooming solution ranging from deodorant and shower gel to razors and hair wax.

Lynx bodyspray remains the UK's number one male toiletry brand and the introduction of a new fragrance each year acts as the main point of entry for many consumers. One in two UK males aged 11-24 uses a Lynx product each week.

Under their skin

The introduction of Nivea for Men three years ago has been



Paul Tonge/Rex Features

David Beckham is an icon to many impressionable young men, who will do anything to emulate their hero

the catalyst for the phenomenal growth of the men's skincare market. Male facial products have grown by nearly 60 per cent in the last year (*Information Resources*, May 2001).

With the male skincare education process now underway, men are becoming more receptive to the idea of skincare. However, Mintel research shows

that there is a hard core of men who would never consider using skincare products. Almost one in five believe that skincare products are for women only.

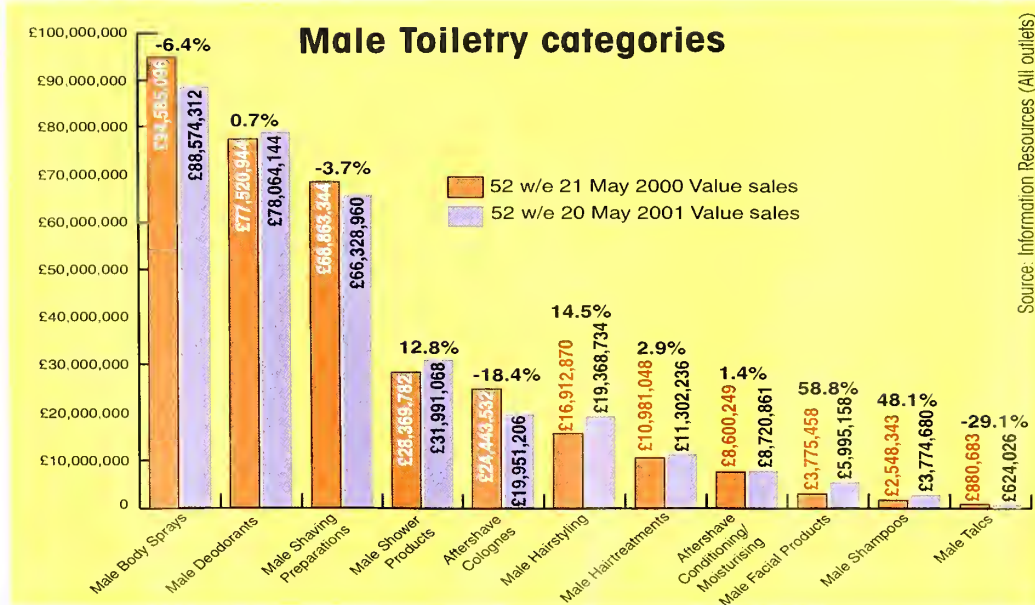
This attitude is less prevalent amongst younger consumers, who could be persuaded to look after and protect their skin for the future by using cleansers and moisturisers with added sun protection or anti-ageing ingredients.

Samantha Wright, senior product manager for Nivea for Men, says: "British men seem much more reluctant to take up skincare habits than their European counterparts. Along with this reluctance, these men are much more cynical about a skincare marketing message."

She estimates that around 50 per cent of men in the UK use a moisturiser, although it is probably not their own.

It is this borrowed use that helps educate men about the benefits of moisturising and Beiersdorf aims to remove the stigma surrounding men's skincare, making it easier for men to use their own products.

This month, the company has pioneered its first ever TV campaign



Continued on P22 →



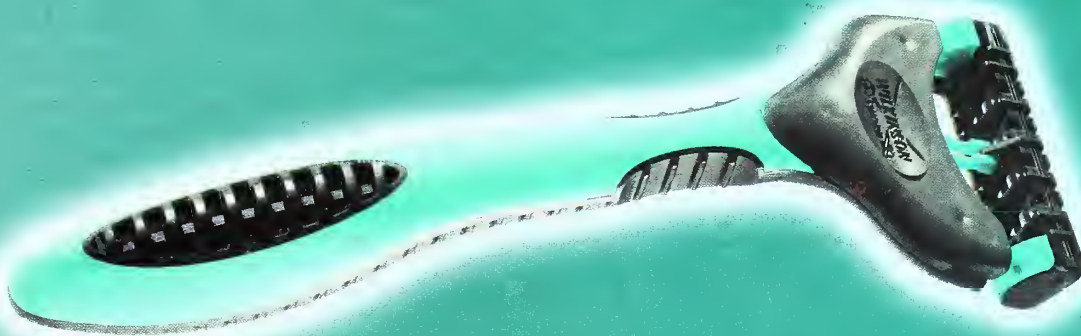
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SU

WILKINSON
SWORD

www.xtreme3.com

avourite RFACE.



Andre Agassi is used to taking scalps on court. Now thanks to the new triple blade Xtreme™ III, he can take his own with ease, because it provides leading-edge technology performance, combined with the convenience of disposability. All in one razor.

Three of the sharpest blades flex and pivot to guarantee both men and women an extremely close shave. No blade changes required. No more hassles.

And the unique rubberised, ergonomic, lightweight handle features multiple finger notches for total control and ease of use.

Backed by a hard-hitting TV campaign starring Andre Agassi, plus a massive sampling and PR drive, it's wise to stock up now. Because the new Xtreme™ III is going to go faster than one of the great man's serves.

NEW XTREME III EXTREME CLOSENESS. EXTREME CONVENIENCE.

→ Continued from P19

for male skincare targeted at men aged 16-34.

By humorously picking up on the reticence of men to use skincare products, the commercial aims to break down the taboos associated with male skincare.

Samantha Wright suggests that pharmacies should position male skincare next to shaving products, so there is a natural progression from shaving to aftershave and then from aftershave to moisturiser.

"It's easier to link-sell these products when they are together. Once the link is established, brand loyalty within the regime can be built so that the range can be extended beyond a basic shaving and moisturising routine," she says.

"Although men's skincare is growing rapidly from a small base, it can only get bigger in the next 20 years. Men have the same skincare needs as women, so if the products answer these needs, men's skincare has the potential to be as big as the women's market," she predicts.

The men's skincare shelves have recently expanded with the launch of a men's facial skincare range under the Simple brand.



With more men starting to use moisturisers and skin balms, King of Shaves has improved its K-24 Active Men's Moisturiser which features a dual skin defence system and now contains SPF 8 sunscreens

Simple Skin Defence for Men comprises eight products for shaving, cleansing and moisturising. Suitable for all skin types, the formulations are anti-irritant, 100 per cent perfume and colour-free and have no unnecessary additives.

Oliver Devine, marketing manager for Simple at Accantia Health & Beauty, comments: "Research shows that 70 per cent of UK men believe they have sensitive skin and there is a real need in the marketplace for a range that is suitable for all skin types."

Wax lyrical

The hair styling market has grown by 14 per cent in the last year (*Information Resources*, May 2001), with waxes being the fastest growing segment.

Although gels are the largest sector, waxes are emerging as a popular format for providing a more natural feel to the hair which many men prefer.

The growth of waxes is being driven by the move to shorter styles where rigid hold is not necessary.

Paul Fraser, group product manager for Brylcreem at Sara Lee Household & Body Care, believes that men's ever-

increasing awareness of their appearance will continue to boost sales of hair styling aids.

"Waxes are expected to show strong growth due to greater consumer education levels within the market and more format experimentation," he says.

He also predicts that new products will be developed to accommodate fashion orientated styles such as the "messy, just got out of bed" look.

Brylcreem UV Glow Gel, which glows under ultra violet light in nightclubs, is the newest Brylcreem product and it epitomises this traditional male brand's transformation.

Last year, Brylcreem was the fastest growing brand in the total hair styling market, growing at 21 per cent (*Information Resources*, Jan 2001).

Wella ShockWaves is the UK's number one hair styling brand and the company attributes much of this unisex brand's growth to more men coming into the category.

The average amount spent by men on hair styling products increased by 15 per cent last year, while the number of packs bought by men increased by 11 per cent.

Sports appeal

Men have become more active across a range of sporting activities over the last decade, according to TGI data. In particular, weight-training, football, running and cycling have become more popular.

Mintel research shows that a quarter of men see themselves as sporty. Toiletries with a sports connection, such as Physio Sport, Adidas and Right Guard Xtreme Sport, are likely to appeal to this type of customer. Men who are non-participants of sport are also drawn to brands endorsed by sports celebrities.

Latest sporting hero to star in a TV commercial for men's toiletries is Paulo Di Canio, West Ham United's super-striker, who appears in a new £4m campaign for Physio Sport.

Di Canio is digitally transformed into a pint-sized figure in the football themed commercial which focuses on the Vital Instinct variant.

Lever Fabergé says the campaign is designed to broaden the brand's appeal by driving penetration among male sports lovers, whether they play sport or watch it.

Wilkinson Sword hopes to add sports appeal to its new Xtreme III all-in-one razor with a £4m TV campaign featuring tennis star Andre Agassi this month.

The campaign targets key sporting and youth programmes and has coincided with a sampling tour of major UK cities.

The tour has offered consumers the chance to experience a free wet shave and sample of the new razor. Agassi look-alikes have joined the sampling teams in major commuting areas. Eye-catching Agassi PoS material is available for in-store use.

Neil Murray, trade marketing controller for Wilkinson Sword, comments: "The razors and blades category can be one of the most profitable product categories in a pharmacy, giving high cash ring and high cash profit over other categories."

Super systems are continuing to drive growth in the wet shaving market due to innovations, while traditional products continue to decline as consumers move to better performing products. The split between systems and disposable razors currently stands at 70:30.

Gillette's MACH3 continues to be the best selling wet shaving system and the Cool Blue version was introduced earlier this year to broaden its appeal and attract disposable users, who represent the biggest trade up opportunity, according to Gillette.

Jackie Jordan, grooming business unit director of Gillette Group UK, says: "Our research shows that colour, when combined with superior performance, can play an important role in a man's choice of razor."

"Blue is the current colour of choice for cutting edge products like personal computers and wristwatches and we expect Cool Blue to benefit from this trend."

The premium disposable market has expanded this year with the launch of Super-Max 3 (Sterling Four) - a premium triple blade disposable designed for a quick and close shave and BIC's Softwin - a twin blade disposable that features a swivel head for more comfort and precision.

Wet or dry?

Electric shavers have come under increasing pressure from wet shaving, in particular the more technologically advanced systems razors.

Although sales of electric shavers



Wella ShockWaves is the UK's No 1 hair styling brand



Gillette's Right Guard Xtreme Sport uses sports appeal to target young male consumers. Around 65 per cent of the brand's volume sales are from antiperspirant deodorants/body sprays and Fresh Blast is the top selling variant

grew strongly between 1995 and 1999, they slowed in 2000 and declined in real terms. However, electric shavers are becoming increasingly technologically advanced and the latest models are designed to appeal to young men who don't wait for their existing shaver to fail before buying a new one.

Philips has recently improved its Cool Skin electric shavers that deliver Nivea for Men moisturiser to leave the skin in good condition after shaving. The three latest Cool Skin models (rsp £100 to £110) have a 3D contour-following shaving surface with an improved "lift and cut" technique.

The Nivea for Men moisturising emulsion is contained in a cartridge that is slotted into the body of the shaver, which is completely waterproof for use in the bath or shower.

Pharmacies can capitalise on sales of men's electrical products by focusing on the best sellers and the TV advertised lines according to John Broom, MD of Conair.

"By having a focused range and using more detailed product knowledge, pharmacies are able to show themselves to be the experts, offering really good advice to the consumer and thereby encouraging sales," he says.

There has been a boom in sales of hair clippers and beard trimmers in the last year. Nearly £18m a year is now being spent on hair clippers, with volume sales having increased by 29 per cent (52 w/e April 2001).

"The boom in this market is mainly due to fashion trends with David Beckham having led the way in making the short crop fashionable," says Mr Broom.

"Now that Beckham has a new 'hairdo', you can be sure that clippers are going to be really popular for a while longer."

Similarly, stylishly trimmed facial hair has become popular, with stars like Brad Pitt and Michael Greco (Beppe in *Eastenders*) having set the fashion trend.

Volume sales of beard trimmers have grown by 27 per cent in the last year (52 w/e April 2001) with over £5m a year now being spent on these electrical gadgets.

Although sales of these products are year-round, they peak in the pre-Christmas period.

Last Christmas, BaByliss took this market to new levels by advertising a beard trimmer on TV for the first time.

Conair is planning advertising activity on both hair clippers and beard trimmers during this year's pre-Christmas season.

Let's cross our fingers that style icon David Beckham doesn't decide to grow his hair long and

sport a bushy beard in time for Christmas.

What's new?

Wiping up

Beiersdorf is launching deep cleansing wipes in its Nivea for Men range this summer.

Nivea for Men Refreshing Wipes are designed to provide instant freshness and revitalise the skin. The wipes have a deep cleansing action to combat the build up of sebum, excess oils or sweat from sport. Enriched with vitamin C, the formulation is gentle and non-drying on the skin. Individually wrapped, the wipes retail at £4.79 for a box of 12.

Beiersdorf UK Ltd.

Tel: 01908 211444.

Skin crimes

In July, the new Simple Skin Defence for Men range will be supported by an outdoor advertising campaign in 12 major cities.

Posters will have a criminal theme to draw attention to the crimes that men commit on their skin.

The campaign will include product sampling in pubs and clubs in the same cities. The activity is part of a £500,000 campaign for the brand and will run until December.

Accantia Health & Beauty Ltd.

Tel: 0121 327 4750.

Clipping trio

Morphy Richards has introduced three hairclipping products for men in its value for money Essentials range.

The Cordless Beard Trimmer (rsp £12.99) is rechargeable and comes with two adjustable attachment combs and a five-inch moustache comb.

The Hairclipper Set (rsp £9.99) has four cutting attachments and a brush, comb, scissors and oil. Available in blue or black, it comes with a black canvas storage case.

The Family Hair Clipper Set (rsp £19.99) is mains-operated and has four cutting attachments.

It



Morphy Richards' Clipper set makes an ideal gift

includes a styling comb and scissors and comes in a chrome storage case.

Morphy Richards Consumer Electronics Ltd.

Tel: 01709 585525.

Come closer

Remington's MicroScreen3 TCT is a new premium electric shaver for an ultra close shave. TCT stands for total closeness technology - a concept that combines flexing foils with a three position "intercept trimmer" to lift and cut longer hairs more effectively.

There are three mains/rechargeable models (rsp from £99 to £149) offering a three minute quick charge for one shave or an hour's full charge for up to 55 minutes of cordless shaving time. The company is offering a two year "total closeness or your money back" guarantee.

Remington Consumer Products Ltd.
Tel: 01784 411411.

Have shaver, will travel

The four new Philishave Quadra

Action 600 Series shavers feature a three-dimensional system designed to follow the contours of the face. The "Lift & Cut" system lifts the hair before cutting, to provide a close shave.

The three rechargeable models provide 30 minutes of cordless shaving time and feature a worldwide automatic voltage selection. Two models come with travelling cassettes and the other two have a travel pouch.

All models come with a pop-up trimmer for sideburns or moustache. Retail prices range from £40 to £60.

Philips Home Appliances.

Tel: 020 8689 2166.

Diving in

Coty is launching a sixth sport-inspired fragrance in its Adidas male toiletries range.

Adidas Ice Dive is a fresh, invigorating scent created to provide a cool, uplifting sensation.

The new variant is available in body spray deodorant, shower gel, 24hr antiperspirant deodorant, anti-perspirant roll-on deodorant, stick deodorant and after shave.

Retail prices range from £1.99 for the antiperspirant roll-on deodorant to £5.95 for 50ml after shave.

Coty (UK) Ltd.

Tel: 020 8971 1300.

Andre Agassi, left, adds sports appeal to the latest Wilkinson Sword Xtreme III all-in-one razor advertising campaign, worth £4m



'Putting patients in control' was the theme of a joint PAGB, NHS and Doctor Patient Partnership conference held in London last week

New health minister seeks views on extended role

Opening the recent joint conference on "Putting patients in control," the new Under Secretary for Health, Hazel Blears, said: "Supporting healthcare will be one of the most important investments we make in the NHS."

Pharmacists could play a key role. "I believe we must push back the boundaries and ensure that we make the best use of pharmacists... as the minister who has just taken on pharmacy services as part of my portfolio I will be interested to hear views about the extended role they can play," she said.

She called for innovative ideas on what doctors, nurses and pharmacists could do to support self-care and put patients in control. This might need fundamental changes in the attitude of professionals towards self-care, in ways professionals are trained (including improving the communication skills of all health professionals), and the ways people are empowered by support and encouragement.

She also wanted ideas on how self-care might be tested, to check that innovations are safe, effective and socially inclusive. Finally she would like ideas on how the Government and stakeholders could develop an NHS self-care network to put developments in place. The latter would involve patients with chronic illnesses and disabilities supporting others in situations they had experienced themselves.

Earlier she outlined Government plans to help patients take better care of themselves. The NHS Direct Online website will be expanded this year to include a health encyclopaedia with evidence-based text. The first stage of an interactive service will be launched, enabling users to submit health enquiries to the site for a personal response.

A new service, Cure Direct, will be piloted later this year in six local authorities in the South West. It aims to provide better integration of



Pharmacists could play a key role in encouraging self-care

health, social care, housing and benefits for older people. By 2003-4 the Government will have invested over £900 million in intermediate and related services to help promote independence in older people through additional home care and other support.

The chief medical officer is soon to publish a report on a programme enabling people to manage their own chronic conditions better.

Professor Mike Pringle, chairman, Royal College of General Practitioners, saw pharmacists as an "absolutely vital" part of the primary healthcare team. "We want them

to become part of an integrated service and to make much better use of their knowledge," he said.

His visions for the NHS included high quality information, backed by education explaining the relevance of that information; electronic patient records, held by the patient and shared with professional and lay carers with informed consent; and an accent on promoting well-being and preventing illness, so patients could detect problems early and address them.

June Raine, Medicines Control Agency, explained how the MCA was addressing the NHS Plan's target to



Health minister Hazel Blears



RCPG chairman Mike Pringle

have more non-prescription medicines by 2002. The agency is working with the Royal Pharmaceutical Society and PAGB to look at ways of stimulating POM to P switches. The Society has been examining the key criteria for a successful switch and has identified two potential categories of medicines - list A, covering about 20 classes or indications, suitable for immediate switching, and list B that could

Continued on P26 →

→ Continued from P24

become available under agreed protocols.

The PAGB has been looking at suitable conditions for switching, the research evidence and the safeguards of adverse reaction reporting, while the MCA is considering how to improve the reclassification process while retaining public health safeguards.

The three groups will review their findings by the end of July.

Dr Raine said emergency hormonal contraception had been an important precedent. "In some areas, supply by family planning clinics has halved, so we can only conclude that women are going to a pharmacy instead."

Pharmacy "yellow card" reporting was up 10 per cent on the previous year, she added.

Christine Glover, the Society's immediate past president, described how pharmacists could "put patients in control" by helping them with self-medication and interpreting information about medicines in a non-threatening, easily accessible environment. She warned that, with the demise of RPM, medicines would be marketed much more aggressively.

Medicines management would

improve the pharmacist's rating in the eyes of patients, she thought. The public and other health professions did not always see pharmacists as part of the primary health care team, so there was need for a better skill mix leading to a better use of time.

Commenting on the nurse's expanding prescribing role, Frances Pickersgill, policy adviser, Royal College of Nursing, thought there would be a greater willingness for nurses to recommend OTC treatments. They would become more confident and willing to be adventurous in their treatments. The downside was that, with more prescribers, patients might become confused as to who could prescribe what.

She thought that both nurses and pharmacists should be able to prescribe from walk-in centres. The nurses employed there were highly trained and had diagnostic skills, prescribing rights would complete the care cycle.

Mark Jones, RCN primary care policy adviser, expected that nurses would keep within their specialist fields when prescribing, just as dentists prescribe antibiotics, but only for dental problems.

Melinda Letts, chair, Long Term Medical Conditions Alliance, explained what "putting patients in control" meant to her organisation. She suggested steps for bringing

patients on board as equal partners.

People should be treated as individuals, and services should fit in with busy lives, she said. Pharmacists needed to "get a bit more efficient so you don't have to queue [for health advice] behind 15 people wanting to buy shampoo."

Team working was needed – GPs sometimes did not refer patients to a pharmacist because they might be

sold medicines they do not need (although GPs often prescribe what patients do not need). Healthcare professionals also needed more training in communication skills.

GPs should have incentives to encourage self-care, although the best incentive is savings in time. She also thought there should be early implementation of electronic patient records.

Combating the itch that kills

The PAGB is to propose a scheme for diagnostic testing through pharmacies to health ministers.

The proposal was developed at a conference workshop led by Dr Ian Banks, a GP in Northern Ireland and chair, Men's Health Forum. Advertising on beer mats, in gyms and men's toilets, and free publicity on local radio would alert men to the high incidence of chlamydia, which causes itching in men, but in women could result in infertility, ectopic pregnancy, pelvic inflammatory disease and death.

The disease can be treated easily, yet men are embarrassed about seeking a GP's advice, said Dr Banks. Nor was there any incentive for symptomless men to get checked. Advertising with the catchline "The itch that kills" could

persuade them to go to a pharmacy and buy a simple urine test.

If the result was positive, they could visit a genito-urinary medicine clinic – anonymously – for treatment. The clinic would not refer the results back to the GP but would trace their previous sexual contacts for treatment.

Men could pay half the cost of the test and the primary care trust pay the rest, including a fee for the pharmacist who would be expected to counsel the buyer on a potential positive test. By treating chlamydia symptoms early, PCTs would save on the huge costs of treating infertility, ectopic pregnancy and pelvic inflammatory disease. GPs' workloads would decline, so they should not object to cash from the PCT budget going into other areas, said Dr Banks.



Research in self-care and primary care in a modern NHS

The Proprietary Association of Great Britain (PAGB), the trade association representing manufacturers of non-prescription medicines and food supplements, established a research fund in 2000. This year applications are invited for projects looking at different ways of improving access to medicines providing fast and convenient care within the agenda of NHS modernisation and in the context of the interface between self-care and primary care.

Eligible research projects are likely to be based in community and primary care settings and address such questions as:

- What is the role of patient group directions in pharmacies in providing fast and convenient access to patients?
- How could the extension of nurse prescribing to minor ailments and OTC medicines improve access to fast and convenient care?
- What mechanisms might be necessary in primary care to encourage, inform and educate patients in using the general practice more wisely for common ailments?
- What will be the effect on self-medication patterns of extending prescribing rights to other health care professionals?

Projects will be expected to generate research output of sufficient quality to be published in the peer-reviewed literature. Outline applications should be submitted on the application form provided; shortlisted applicants will be asked to submit a more detailed proposal in advance of an interview with the research board on Thursday, 6th December, 2001.

Application forms and further details are available from:

PAGB, Vernon House, Sicilian Avenue, London WC1A 2QH
Tel: 020 7421 9318 E-mail: libby.whittaker@pagb.co.uk

Closing date for receipt of applications: 12 noon on 3rd September 2001.
Up to £25,000 may be awarded to one or more successful projects.

Boots The Chemists recently appointed **Stephen Eastham** as head of clinical governance. He explains how the company plans to address this issue in a community pharmacy setting



Alan Eastham: seeking professional excellence

Continued on P28 →

A patient approach

The objectives of clinical governance at Boots the Chemists are to underpin the quality of professional services while driving an improvement in standards with the patient as the focus, says Stephen Eastham.

"I want clinical governance to be reflected in the patient's experience," he explains.

Over the last year BTC has been

strengthening professional roles within the organisation.

"This has been done so that it is crystal clear to patients and pharmacists who is responsible for delivering services," says Mr Eastham.

Each branch now has a pharmacist in charge and there are also area accountable pharmacists. "In most cases this will be the customer area manager but where this person is not a pharmacist there will now be the area

accountable pharmacist," he adds.

Boots has also introduced regional professional development managers. "Their role is really an 'outpost' of the superintendent's office and includes more than just clinical governance," says Mr Eastham.

"They take a keen interest in professional or ethical issues. They are involved in developing new professional services for our pharmacists to get involved in so that we can participate in everything

What is it?

The term clinical governance was first introduced in 1998 with the publication of the Government's White Paper: *A First Class Service* -

Quality in the new NHS. This also introduced the National Institute for Clinical Excellence and National Service Frameworks.

Clinical Governance was defined as "a framework through which NHS

organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish".

The guidance for primary care and public health professionals stated that HAS would be expected to provide support to family health services professionals in developing clinical governance principles.

Two years later, "Pharmacy in the Future - Implementing the NHS Plan" said there was much work to be done "to ensure that community pharmacy is fully included in local, multi-disciplinary clinical governance strategies."

"The NHS Executive will expect all HAS to demonstrate that local frameworks for clinical governance include community pharmacy services and the contribution pharmacists can make to the clinical governance of other services."

The Government promised to back HAS with guidance, additional resources, and £2 million for HAS to support clinical governance in community pharmacy.

David Preece, audit development fellow at the Royal Pharmaceutical Society, says: "This money has not arrived yet, but it is supposed to be available in the middle of the year."

In September 1999 the RPSGB published its own policy: "Achieving excellence in pharmacy through clinical governance."

This outlines the local framework necessary for successful clinical governance, and makes recommendations to pharmacists, health authorities and others.

As part of this policy, the RPSGB has produced a Community Pharmacy Clinical Governance Assessment Tool, available on www.rpsgb.org.uk. Community pharmacists can use this to track their progress on clinical governance.



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NOVARTIS

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→ Continued from P28

that is happening at a local level," he adds.

Primary care pharmacists have been renamed professional development pharmacists to reflect their role more accurately. There are 47 PDPs in the UK.

"While PDPs are engaged personally in new services their role is to develop services so that other pharmacists can also get involved. As a company, we are widening the expectations of pharmacists within our organisation by enabling them to get involved in new services," says Mr Eastham.

Pharmacists at branch level are kept up to date with the changes via annual roadshows, the in-house pharmacy magazine and updates from the superintendent's department. "We want to make sure that everyone understands their responsibilities and accountability. There is an ongoing dialogue with pharmacists to make sure they are comfortable with the term clinical governance and that they understand the implications," he says. "Communication with pharmacists is key to us."

Patient safety

Another new role at Boots is that of clinical risk manager, Margaret Mehan, who reports directly to Mr Eastham. "Ms Mehan's role is to examine exactly what goes on in our dispensaries. She will identify, on an ongoing and proactive basis, the risks to patient safety of the services we are offering," says Mr Eastham.

BTC has also launched a dispensing incident management protocol to pharmacists recently (see *C&D*, June 16, p5). Pharmacists will be expected to keep records of near misses, or incidents, and use the protocol to analyse why things are happening.

"What we are trying to do is get everything discussed in a non-threatening way. We want to get to the nitty-gritty of why these things happen and sort it out at a local level," he adds.

Copies of reports on incidents or near misses will be passed to Mr Eastham via regional professional development managers.

"What we have been doing for a long time is encouraging pharmacists to report when things go wrong. We

are trying to get to a situation where you are in the wrong if you do not report an incident."

Risk awareness training has been started for primary development pharmacists and will be rolled out to pharmacists and dispensary staff during the coming year.

Performance measures

"At BTC we prefer to use the term 'Encouraging Good Performance' rather than 'identifying and addressing poor performance'," says Mr Eastham. Performance monitoring applies to the individual and the pharmacy.

A "mystery shopper" programme has been in place for two years and focuses specifically on the service received at the healthcare counter. "This allows us to score each pharmacy with their adherence to the sales of medicines protocol."

The dispensary operation is monitored by internal audit and by regional

professional development managers and primary development pharmacists observing pharmacists and staff at work.

Individual performance is assessed by annual appraisal. "If there is a pharmacist we are concerned about then we have developed support programmes." Pharmacists will work on their "bespoke" support programme with either an area manager or a regional professional development manager.

Research and development is co-ordinated by teacher-practitioners, located in the schools of pharmacy. "Teacher-practitioners have also helped to encourage good performance by contributing to 'B', our continuing professional development programme," says Mr Eastham.

Future plans

The clinical governance policy for Boots The Chemists will be published shortly. Boots opticians and dentists will each have their own policy.

Mr Eastham will continue to work with organisations such as the Royal Pharmaceutical Society, the College of Pharmacy Practice, the Centre for Pharmacy Postgraduate Education and the Commission for Health Improvement, as well as international organisations, to make sure that the Boots clinical governance policy remains consistent with these organisations.



Invitations go out for NPA conference

NPA members will this week receive their official invitations to the NPA conference, which is taking place for the first time at Chemex.

The conference, on Sunday, September 9 at ExCeL, pictured above, gives members the chance to ask the questions, raise points and discuss issues which are fundamental to their businesses.

The conference programme is designed to make this a truly interactive day.

With so many changes and challenges facing pharmacy – not least the collapse of RPM and the implications of the Queen's Speech setting out the Government's view of how health services should be structured – the theme of the conference, "Health professional or High Street retailer?" has a particular relevance.

NPA chief executive John D'Arcy says: "This important new event takes place against the background of the most sustained period of change in the pharmacy profession for more than 100 years."

"The breathtaking pace of this change poses serious challenges, but also offers significant opportunities for pharmacists as businessmen and professionals – and this conference will provide an opportunity to discuss and debate the real issues affecting community pharmacy today."

The NPA chairman, Gerald Alexander, opens the conference and then two speakers will address the conference theme. Wally Dove of PSNC will speak about the challenge and Mike Ward, chief executive of

Gehe UK, will propose the solution.

John D'Arcy, chief executive of the NPA, winds up the morning session with the NPA perspective.

After lunch Nigel Risner, director of Esteem Human Development, starts the afternoon session. Nigel is a motivational speaker, who is sure to give the audience something to think about before he takes the chair for the rest of the conference, which is given over to a discussion of the issues which members wish to raise.

The questions will be addressed by a panel of opinion leaders and healthcare specialists, including Mike Ward, Dr Simon Fradd, chairman of the Doctor-Patient Partnership, David Mitchell, commercial director of Johnson & Johnson MSD, Wally Dove and John D'Arcy.

Among topics which the NPA expects to be raised are the demise of RPM, mandatory CPD, local pharmaceutical services, e-pharmacy, one-stop-centres, out-of-hours, pharmacists' contracts, medicines management, repeat dispensing and pharmacist prescribing.

Topics for discussion or a question you would like addressed may be e-mailed or faxed to the press office at the NPA. E-mail: press.office@npa.co.uk or fax: 01727 810252.

The registration fee for the conference is £23.50 (including VAT), which also includes lunch, tea/coffee and free entry to Chemex.

If you do not receive an invitation or would like to request further forms, please call 01386 750534 or e-mail pauline.interface@virgin.net

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Registration is also available by telephone on 0870 429 4500 or fax on 0870 429 4501.



ExCeL will be an ideal venue for Chemex this year, with ample room both inside and out

ExCeL visit wows exhibitors

Exhibitors had their first chance to see the new venue for Chemex when they attended the ExhibitorWise Day at the ExCeL Centre last week.

"We knew that ExCeL was an exciting new venue, and that excitement and enthusiasm was shared by the exhibitors who took the opportunity to meet the Chemex 2001 team and tour the centre," said exhibition manager David Morgan.

"We were delighted to show them round and I was delighted with their reaction. They really appreciated all that ExCeL has to offer, from the pillar-less exhibition halls to the superb business centre, the excellent exhibitor access and the splendid on-site facilities for exhibitors and visitors."

After an introduction from David Morgan, marketing executive Gill Hayes outlined how the show was being promoted to visitors, with advertisements, inserts and e-mail campaigns. James Turner, Chemex operations manager, gave an insight into the

operational structure of the show and sponsorship opportunities for exhibitors. Lesley Keen spoke about the PR and publicity campaign and Patrick Grice, editor of *C&D*, outlined the involvement of the sponsoring magazine.

The tour of ExCeL was a chance to see the exhibition space, which has access to all services and cabling through the floor, and the well-organised lorry access areas, which lead directly onto the exhibition floor.

Philip Bradley, marketing manager of Mawdsleys, was very impressed with the site and the facilities.

"I thought it was great," he said. "It is new, it is clean and it looks as if it will be easy to load and unload. I was impressed with the operational side of

it and I liked the fact that there are no pillars on the exhibition floor, so everyone gets a good site."

He also found travelling to ExCeL

very straightforward. "It was easy to get to, easy to park and I found it easy to get away again when I left. That is something we will be stressing to our customers."

He said his company was looking forward to this year's show

as it offers a chance to talk to customers in the South about the new Mawdsleys depot in Milton Keynes.

"The work is ahead of schedule and the depot will be open by the date of the show," he said.

"We came last year to test the water and shared a stand with Positive

Solutions and we got a very good reaction from customers in the South."

Also impressed with the centre was Carmen Gleen, from Pharmacy Bargains. "I thought the centre was very good. It seems to be very functional and to have all the right things in the right places," she said.

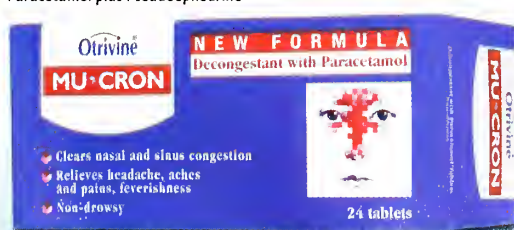
Raj Patel, national co-ordinator for the Day Lewis Group, joined the chorus of approval. He thought the site and facilities were impressive and travelling there was easy, a point echoed by David Hart, of David J Hart, who said signposting on the roads around ExCeL was excellent.

The centre is right next to London City Airport and has excellent public transport links from central London. For drivers, there is a dual carriageway to the North Circular, leading on to the M25 and M1.

Another meeting at ExCeL could be arranged if there is enough demand. If you would like a preview, contact David Morgan on 01732 377256.

"It was easy to get to, easy to park and I found it easy to get away again when I left"

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NOVARTIS

The European League Against Rheumatism congress took place last week. *C&D* reports

Paracetamol pack-size limits show no effect on suicide attempts

Restrictions on OTC sales of paracetamol tablets in the UK have had no effect on overdoses, according to a Tayside-based study presented at EULAR by Dr Sheen and colleagues from the Medicines Monitoring Unit and Ninewells Hospital, Dundee.

The researchers looked at paracetamol overdose rates for patients presenting at Ninewells Hospital two years before and after 1998, when the Medicines Control

Agency limited the number of paracetamol tablets that could be sold OTC to individuals.

Using serum paracetamol levels as a robust marker for overdose, they searched the biochemistry database for all paracetamol assay requests for each 12-month period from September 1995 to September 2000.

"We recorded all requests, all assays with measurable paracetamol and results that were potentially

hepatotoxic 4 hours after ingestion (>1.3 mmol/l)," said Dr Sheen. Of the tests, 30 per cent were positive for paracetamol.

There were 319 in 1995/6 and 440 in 1999/2000. In 1995/1996, 23 of these were potentially hepatotoxic, compared to 28 in 1999/2000.

"These don't suggest paracetamol overdose has been affected by OTC pack size reductions, at least in Tayside," conclude the researchers.

A week's osteoporosis treatment in a single tablet

One weekly 70mg dose of alendronate (Fosamax) is as efficacious as a daily 10mg dose, but is more convenient, according to new two-year data presented at the congress.

Patients on any bisphosphonate medications are required to drink a full glass of water after swallowing their tablet, and must not eat food, take other medications or lie down for 30 minutes afterwards. Many patients taking daily tablets find these restrictions irksome.

Professor Tom Schnitzer of Northwestern University Medical School, Chicago, USA, said the 70mg tablet, only slightly larger than the 10mg, is more convenient since restrictions are imposed only once rather than seven times per week. One tablet swallowed rather than seven also means reduced potential for gastro-oesophageal irritation.

The 70mg dose has proved popular with elderly people who frequently have a polypharmacy problem, with large numbers of tablets to take daily for other conditions, he said. "Of patients surveyed, 80 per cent preferred once-weekly treatment."

Tablets come in a four-tablet blister pack with space to record the day and date when each is taken.

Presenting two-year results of a double-blind study involving 1,248 post-menopausal women with osteoporosis randomised to 10mg daily or 70mg once-weekly, Professor Schnitzer said mean increases in bone mineral density at the lumbar spine were approximately 7 per cent for patients in each group. Bone turnover markers were suppressed to a similar extent for each formulation.

"On this basis one would expect to see the same reduction in osteoporotic fractures as has been demonstrated for the daily 10mg dose. Magnitude of benefit is related to cumulative dose in bone, not frequency of administration," he said.

With regard to safety, the incidence of drug-related upper gastro-intestinal adverse effects showed no significant difference between the weekly 70mg dose and the daily 10mg dose.

"If anything, the once-weekly tablet produced less gastro-oesophageal irritation and fewer complications," he concluded.

Early referral best for suspected rheumatoid arthritis

New guidelines launched at this year's EULAR meeting stress the need for early referral to specialist rheumatology services where patients are suspected of having an inflammatory joint condition.

Failure to do so could result in irreversible joint damage, deformity and permanent loss of function.

Professor Paul Emery, head of Rheumatology and Rehabilitation Research at Leeds University announced the new global initiative called CARE (Collaboration to Assess and Refer Early) which promotes simplified referral criteria for inflammatory joint disease.

Called ERR (The Evidence-based Referral Recommendation), these advocate specialist referral for rheumatoid arthritis (RA) patients



Rapid referral of suspected RA cases is recommended

within the first 12 weeks of symptom onset for treatment with effective disease-modifying anti-rheumatic drug therapies.

Traditionally patients spend months on analgesics and NSAIDs

before RA is suspected. The ERR guidelines include evidence that NSAIDs mask RA signs and symptoms and that corticosteroids should not be prescribed before a definitive diagnosis is made.

"Rapid referral will be indicated when one or more pointers to inflammatory disease are present, such as more than three swollen joints, a positive squeeze test, metacarpophalangeal involvement and morning joint stiffness persisting more than 30 minutes," he suggested.

"However, these don't have to be present; we will see anyone where inflammatory arthritis is merely suspected."

Professor Emery said highly sensitive new diagnostic imaging tools such as NMR revealed that 70 per cent of patients already had evidence of joint damage at presentation and joint erosions within two years.

"Erosions occur early and represent permanent structural damage. There is a good correlation between damage and later disability," he added.

The ERR guidelines have been made available to rheumatologists and will also be published.

Some gastro-intestinal haemorrhages related to use of OTC NSAIDs

More than 10 per cent of patients admitted with upper gastro-intestinal (GI) haemorrhage had been taking non-steroidal anti-inflammatory drugs (NSAIDs) bought over the counter, according to a study presented at EULAR.

Spanish researchers Rosas et al found 63 of 216 patients admitted with upper GI haemorrhage over the course of one year in a single hospital were using NSAIDs (60 per cent aspirin, 16 per cent piroxicam, 13 per cent diclofenac, and 11 per cent combination or other).

Of these, 25 patients had bought their own NSAIDs for self-medicating. Of the 63 patients, 44 had at least one risk factor for NSAID gastropathy but only two were receiving prophylaxis

with a proton pump inhibitor (PPI) and one with an H2 blocker.

NSAID-induced GI haemorrhage accounted for 346 days of hospital bed occupancy, and 40 patients (63 per cent) required blood transfusion.

In a separate study, Italian researchers Caputi et al found gastroprotective agents were co-prescribed for 50 per cent of patients given NSAID therapy in order to prevent or treat adverse GI effects. H2 antagonists were used by 14 per cent, PPIs by 8 per cent, misoprostol by 15 per cent and antacids by 62 per cent.

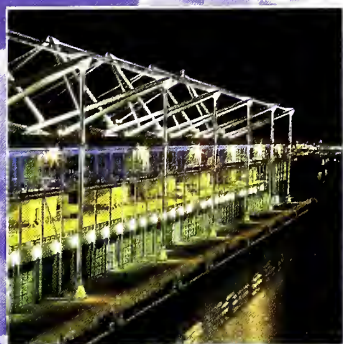
Use of gastroprotective agents and antacids were consistent across all NSAIDs prescribed including Arthrotec (diclofenac + misoprostol) and Mobic (meloxicam).

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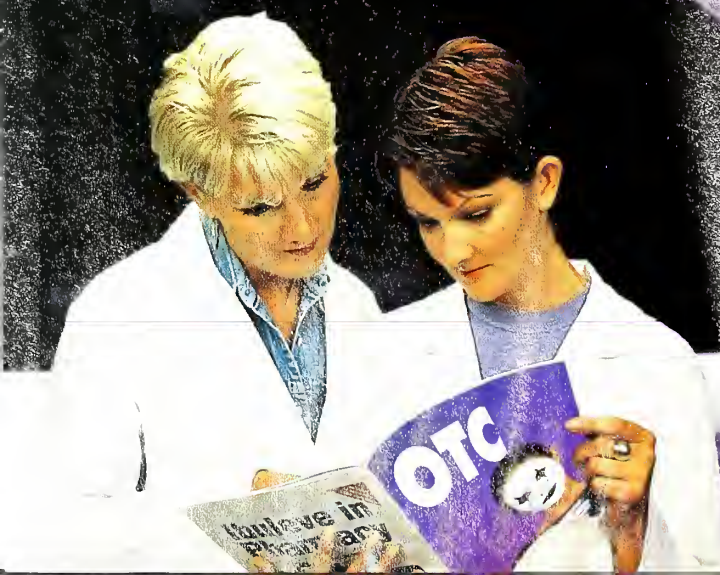


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Moss to launch own brand and open display of P-medicines

Moss Pharmacy is about to begin marketing its first range of own-brand products. The move is part of a corpo-



Indication	Indication
Headache	Stomach ache
Neuralgia	Joint pain
Sciatica	Back pain
Arthritis	Period pain
Flu	Common cold
Hay fever	Swollen throat
Swollen joints	Swollen lymph nodes
Swollen glands	Swollen tonsils
Swollen sinuses	Swollen nose
Swollen ears	Swollen mouth
Swollen lips	Swollen tongue
Swollen throat	Swollen neck
Swollen chest	Swollen abdomen
Swollen stomach	Swollen intestines
Swollen bladder	Swollen prostate
Swollen testicles	Swollen penis
Swollen vagina	Swollen clitoris
Swollen uterus	Swollen ovaries
Swollen fallopian tubes	Swollen uterus
Swollen cervix	Swollen vagina
Swollen vulva	Swollen clitoris
Swollen labia	Swollen clitoris
Swollen clitoris	Swollen clitoris

Moss' first own-brand – the front of the pack is colour co-ordinated and features soft curves, while the reverse lists indications and warnings

Unilever seeks buyer for women's health diagnostics subsidiary

Unilever is looking for a buyer for its women's health diagnostics subsidiary, Unipath.

Unipath, which owns the Clearblue, Clearplan and Persona brands, is based in Bedford and employs 480 staff.

Unilever said Unipath was a profitable business and had enjoyed revenue growths of around 15 per cent over the past five years.

Commenting on the reasons behind the decision to sell Unipath, Keki Dadiseth, Unilever director responsible for worldwide home and personal Care operations said: "Unipath has brought innovative technology to the women's health diagnostics market since its formation in 1984.

"It is a largely stand-alone business

rate strategy aimed at strengthening customer awareness of the Moss identity.

The initial range is due to be launched in July and will focus exclusively on a selection of high profile and high volume products in the analgesics, counter medicines and photography categories (see also Counterpoints, p12).

The main aim is to establish Moss as a brand in its own right, separate from that of its parent company, UniChem. Moss pharmacies have been stocking UniChem's own-brand products until now.

"UniChem's own brand has been very successful, but it has also been available to independent pharmacies. As we achieve a critical mass it is important that we have our own image," explained Sue Rockhill, Moss' marketing director.

She added that as Moss was the UK's third largest and fastest growing pharmacy chain, the time was right to capitalise on the strength of its name.

"Especially in light of the loss of RPM, this gives us our own brand to fight with," Ms Rockhill said. She promised that the products would be priced competitively in relation to other own-brands.

As the first range is very limited, Moss pharmacies will continue to stock other products under the UniChem label.

Moss' managing director, Steve Duncan, denied that having two own-brands in the same pharmacy would

confuse customers rather than increase their loyalty.

Mr Duncan is confident that the brand will be successful and that the range will be extended over the coming years.

It has also emerged that Moss is to become the second major player in the retail pharmacy market to trial the open display of P medicines.

Nurmark announced last month that it was running a pilot of joint P and GSL merchandising, which includes self-selection for P medicines.

"There is no doubt – we are going to do it," Mr Duncan said.

He declined to disclose the exact timing of the pilot or its location, but said that protocols had been put in place which ensured patient safety and good customer service.

He was adamant that this did not herald the end of the P-category.

"It is going to enhance the dialogue between pharmacy staff and the customer, as this does not lend itself to a supermarket environment," he said.

Society is to sell Medicines Testing Laboratory

The Royal Pharmaceutical Society is to sell its Medicines Testing Laboratory to biotechnology company Tepnel Life Sciences Plc for £550,000.

The RPSGB said the deal was good news for MTL. It would provide funds, property, ambitious synergistic partners to drive the business forward, and a change of premises.

Although a contract has been signed, the cash and share deal is subject to Manchester-based Tepnel being able to raise £8 million on the Alternative Investment Market (AIM). The target date for this process is July 16.

This financial backing is believed to be essential in order to improve MTL's commercial performance. The Edinburgh-based laboratory has been running at a loss in recent years.

The accounts for the previous two years reveal losses of £104,000 (2000) and £12,000 (1999).

Established in 1972, the MTL initial function was mainly to provide analytical services to the Department of Health's medicines inspectorate. The RPSGB used MTL to analyse formal samples taken by its inspectors.

In 1994 the laboratory extended its services to other clients on a commercial basis.

Lloydspharmacy expands pet medicines pilot

Lloydspharmacy will be introducing a selected range of pet medicines in 100 of its stores in South Wales and the South West of England as part of an extended pilot.

Initially focusing exclusively on cat and dog medicines, the range comprises 15 GSL products such as flea treatments, worming tablets, ear and skin products. Two 1m shelves will be allocated to the pet category.

The move into pet medicines was initiated by Stuart Lowe, regional manager for Lloyds, and follows a 12-month trial involving 10 Lloyds branches in the South West.

Although the initial pilot included P-medicines for pets, they will not be included in the extended trial.

Mr Lowe said Lloydspharmacy was not currently looking at the POM-medicines market – the company would wait for the results of the extended trial before considering further strategic moves.

"The main thing to get across to pet owners is the message that pharmacy is the best place for all their medicines, including those for pets," he said.

Location was not a major issue as far as pet medicines were concerned. Sales in urban and suburban areas had proved to be just as good as in rural locations.

Mr Lowe was hopeful that many independent pharmacists would follow Lloydspharmacy's example.

"Around 600,000 pet owners visit a pharmacy every day – there is a significant market there which pharmacy can tap into," he said.

Andrew Evans, from pet medicines manufacturer Brian G Spencer, welcomed the chain's initiative, but insisted that the real opportunities lay within the P/PML (Pharmacy and Merchants list) and POM categories.

He added that this had proved very successful in the company's own 42 community pharmacies, which traded under the Manor pharmacy name.

"We would encourage any pharmacist taking this up to focus on P/PML, which is what they do with human medicines," he said.

Lloydspharmacy added that while P/PML and POM medicines were not part of the general range, a pharmacy manager could request them if the demand was there.

Its pharmacists had built up very good relationships with local vets, especially in rural areas, resulting in a significant number of prescriptions being issued.

Cyberpharm acquires The Stock Market

Cyberpharm Ltd has acquired The Stock Market from its previous owner, Kamal Shah, for an undisclosed sum. Under new ownership, the excess stock trading platform will change its name to Pharmstock.

Cyberpharm, a short-line wholesaler and previous client of Mr Shah's, has spent the last few months automating the excess stock trading operation by adapting its IT systems to include an expiry date calculator.

Pharmstock will retain most of the basic procedures set up by Mr Shah with pharmacists, wholesalers and doctors being able to submit stock either by phone, fax or e-mail.

A list of all available stock is being circulated every four weeks. The seller is charged a commission on a discount scale based on expiry date. The minimum expiry time is one month.

Lyndon Whyatt, one of Pharmstock's directors, said it would bring the currently largely paper-based process to the Internet within the next month, thereby making the process more responsive and up-to-date and allowing customers to trade stock online.

The company has recently received a Home Office licence to trade schedule 3 to 5 controlled drugs, and these would also be available on the Internet. Mr Whyatt said selling controlled drugs via the Internet would not be a problem, as long as due diligence was taken in implementing the necessary protocols to ensure that both the vendor and the buyer were licensed to trade in the products they sold.

Cyberpharm is also considering doing the same with its short-line wholesaling operations in due course.

Mr Whyatt said that 230 pharmacists and short-line wholesalers had so far signed up for the service. Most full-line wholesalers have until now been reluctant to participate, but Mr Whyatt pointed out that the company did some business with AAH Pharmaceuticals.

UniChem halts decision on Clarke's future as chairman

Kenneth Clarke officially announced his candidacy for the leadership of the Tory Party on Tuesday, putting a question mark over his future as chairman of Alliance UniChem (AU), a position he took up three and a half years ago.

"I offer myself as the leader best able to carry the fight to Labour and win back the lost Conservative voters," Mr Clarke said in a statement at the Institute of Directors.

However, AU insisted that any decision regarding Mr Clarke's future as its chairman would only be made if and when he had been elected.

A spokeswoman for AU said nothing would change in the meantime, adding that AU had not begun to look for a potential replacement for Mr Clarke.

Meanwhile, Mr Clarke told BBC's



Kenneth Clarke: association with AU may come to an end

Newsnight and Radio Four's *Today* programme that if elected as leader he would relinquish all his outside inter-

ests, which include the chairmanship of British American Tobacco, as well as that of AU.

He would not, however, take up a position in the shadow cabinet under another leader.

Mr Clarke said the Tory Party would have to tone down its language and speak more realistically on European issues.

He concluded that "the public regard Michael Portillo and myself as the only two candidates who are now credible potential Prime Ministers".

While this perception may be echoed on a grass roots level within the Tory Party, Mr Clarke, a pro-European, will first have to survive a vote by the largely euro-sceptic Parliamentary Party.

A total of five candidates have so far declared their intention to contend for the leadership: Michael Ancram, Kenneth Clarke, David Davies, Iain Duncan-Smith and Michael Portillo.

Two candidates will be selected for a vote amongst all Tory party members.

Losses through retail crime are down

Total losses from retail crime fell 3 per cent to £1.4 billion in 2000, the eighth annual *Retail Crime Survey* published by the British Retail Consortium (BRC) revealed.

However, the total cost of crime had risen by 13 per cent, largely because the retail industry had spent more on combating crime.

Crime prevention measures cost the retail sector £626 million in 2000. The survey added that the cost of retail crime had successfully been contained at 0.91 per cent of turnover.

While the cost of customer theft

increased by 18 per cent, staff theft declined 21 per cent. Robberies and burglaries also fell.

More worryingly however, violence against staff rose from 4 in 1,000 in 1999 to 5 in 1,000 in 2000.

"Retail crime needs to be tackled effectively, not just because of its economic impact, but also because of its social and human consequences. The survey reveals the heavy investment retailers are making to combat crime, but there are limitations to what we can achieve on our own," said Bill Moyes, BRC's director general.

Xenova makes 45 staff redundant

Xenova has made 45 staff redundant in an effort to reduce operating expenses following the company's merger with rival Cantab Pharmaceuticals in April.

The job losses will affect employees at Slough-based Xenova and Cantab in Cambridge.

The directors of Xenova expect that the cost reduction measures put in place with immediate effect, including

the job losses, will lead to cost savings of around £9 million per year out of the current operating expenditure of £24.9m.

"We very much regret the loss of jobs, but recognise the need to focus efforts and resources on those projects we believe will create the greatest value for shareholders," said David Oxlade, Xenova's chief executive.

UK household names increasingly under foreign pressure

UK household names such as Boots and Marks & Spencer are coming under increasing pressure from foreign owned competitors, according to a new report by retail analysts Retail Knowledge Bank, entitled *International Retailers in the UK*.

As much as £1 in every £8 is spent with retailers under foreign ownership, with the pace of entry accelerat-

ing. Nearly a fifth (47) of foreign owned retail operations have entered in the last 18 months.

The researchers said that pharmacy and health and beauty had been attracting particular attention, with Gehe-owned Lloydspharmacy operating as many stores as Boots The Chemists. Meanwhile, L Rowland, owned by Gehe's rival Phoenix, has

grown from 70 to 250 branches in only two years.

The analysts also expect Kingfisher's Superdrug to come under increased pressure from the Hutchinson-Whampoa owned Savers Health & Beauty chain, while LVMH is said to be planning to expand its popular Sephora chain. Ironically Sephora was originally owned by Boots.

IN BRIEF

Lipitor guarantee does not breach code, says PMCPA

A money-back guarantee or outcomes-guarantee scheme for the cholesterol-lowering drug Lipitor was found not to be in breach of the ABPI code of practice, the Prescription Medicines Code of Practice Authority (PMCPA) ruled. The complaint about a pilot scheme run by Pfizer and North Staffordshire Health Authority had originated from a pharmacy manager. Under the scheme Pfizer would reimburse the Health Authority if a higher dose than expected was required to bring a patient's cholesterol levels down sufficiently. While the complainant claimed that such a scheme constituted an unacceptable inducement, PMCPA ruled that it was acceptable to offer an outcome guarantee.

Vitago is latest e-casualty

Online health retailer Vitago.com has become the latest e-casualty. The retailer informed customers that a decision had been made to close down its operations and that no more orders would be accepted. Vitago, which was headquartered in Munich/Germany, had been running operations in the UK, France, Italy and Germany.

Classified

Appointments £27.00 P.S.C.C. + VAT minimum 3x1. General classified £18.00 P.S.C.C. + VAT minimum 3x2. Box numbers £15.00 extro. Available on request. Copy date 12 noon Tuesday prior to Saturday publication. Cancellation deadline 10am Friday; one week prior to insertion date. All cancellations must be in writing. Contact Debra Thackeray, Chemist & Druggist (Classified), United Business Media International, Sovereign Way, Tonbridge, Kent TN9 1RW. Telephone 01732 377493, Fax: 01732 377179. Internet: <http://www.dotpharmacy.co.uk>. All major credit cards accepted



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FREE LEGAL ADVICE



Chemist & Druggist's web site – www.dotpharmacy.co.uk – has introduced a service that offers pharmacists free legal advice from a leading solicitors' firm.

The service – dotLaw – is being run with the co-operation of Charles Russell, whose specialist legal fields include pharmacy matters.

Pharmacists are advised to e-mail their questions to – pharmlaw@ubmint.com – along with their full name and the name of their pharmacy. The latter two details are for C&D's records only – pharmacists' identities will be kept anonymous when the answers are published.

All the questions and Charles Russell's replies, which will be available in two working days, will appear on a new dotPharmacy page called dotLaw.

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Apologies keep flooding in

Following last week's arrivals at the Pharmacists Ball we have received a list of apologies for absence from Roy Henstock, a locum pharmacist in Huddersfield.

Unable to attend because they were busy dealing with infections were Flo Cloxacillin, Minnie Cyclin, Clary Cid and Penny Cillin. Travel difficulties prevented both the Irish contingent of Tim O'Dine and Al O'Purinol and the Welsh trio Di probase, Di Clofenac and Di Flucan attending.

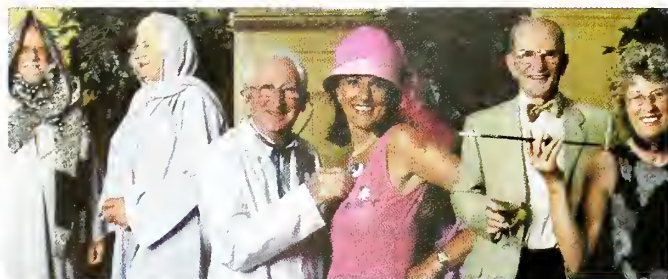
A blocked channel meant Vera Pamil and Ike Orel didn't make it and water was a problem for Ben Drofluazide and Nat Rilix. Nausea kept Max Olon, Mo Tilium and Val Oid in bed while their friend Molly Paxin was just too depressed.

Family problems detained Pa Noxyl, Ma Aloxx, Sis Titis and Aunt Abuse and a last minute itch excluded Val Lergan and Clarie Tyn. No apologies were received from Dot Hiepin, Mel Leril, Sal Amol, Tim Optol, Flory Nef, Norm Alsaline and Lora Zepam.

Roy's list was the first to land on the editor's desk and, as promised, a bottle of champagne is on its way.

The response has been overwhelming and more "Announcements" will be made over the next few weeks - we've even managed to raid the slush fund for some extra bubbly. However, we are disappointed to see that Mrs Trellis, of North Wales, hasn't contacted us yet.

Murder and mayhem at conference



BAPW's most wanted: (left to right) Sandy Young (chief executive, Phoenix Medical Supplies) and his wife Christine, Mike Watts (BAPW executive director) and Monika Dereque (secretary general of GIRP, the European equivalent of the BAPW), Bill Fullagar (president, Association of the British Pharmaceutical Industry, ABPI) and his wife Hilda

Delegates to the BAPW (British Association of Pharmaceutical Wholesalers) conference in Oxfordshire were in the middle of their dinner and the reading of the late Hettie Broadgate's will, when suddenly an inspector called.

The detective inspector informed the assembled guests that the police were now treating Hettie's death as suspicious and that everybody associated with her would be questioned.

Amongst the guests were Hettie's stepdaughter Thomasina, her son Nicholas, her secretary Wilma, her niece Melanie, and other acquaintances from her illustrious past.

After a second murder (Wilma, until then a prime suspect) and a lot of clue hunting for the identity of the culprit, the murderer was finally revealed.

Needless to say, none of the delegates, a large number of whom had dressed up for the occasion, were seriously considered as suspects.

So no need to get too worried - it was all part of a Murder Mystery evening organised by the BAPW, with the main suspects being played by a group of actors (Murder Incorporated).

APPOINTMENTS

Phoenix Healthcare Distribution has appointed **John Lavery** as regional sales manager for Scotland. John has previously worked for AAH Pharmaceuticals as a sales representative and business development manager. In his spare time he coaches the Aberdeen University debating team and is on a panel of judges for debating competitions.

Pharmagene has appointed **Tom Foy** as executive vice-president of operations and **John Murphy** as general counsel and company secretary. Pharmagene is a human tissue-based business serving the pharmaceutical and biotechnology industries.

Kevin Swaffer has joined Close Call, an Internet service which enables manufacturers and suppliers to recall products quickly and efficiently.



John Lavery

First impressions of new health boss

The College of Pharmacy Practice was feeling quietly pleased with itself last week, having been the first pharmacy group to "bag" the new health minister, Hazel Blears. She spoke at the College's Schering Award ceremony last week in London. Since this gathering is a seriously exclusive affair, with guests being past winners of the Award along with the CPP's board of governors, Ms Blears can only have been given a good first impression (and it's always helpful to meet your new chief pharmaceutical officer informally).

Reading community pharmacist Charles Butler also made his mark - nothing to do with pharmacy though, it was a common interest in motorbikes that did it. Salford LPC also got a mention in dispatches, so someone has been doing their lobbying. C&D was unable to confirm whether Ms Blears performs on the stage as a member of a tap dancing troupe called the Division Belles.



Paul Woodward, managing director of Schering, presents pharmacist Beth Taylor with the College of Pharmacy Practice Schering Award in the presence of the new health minister with responsibility for pharmacy, Hazel Blears, centre. Beth Taylor has been instrumental in gaining pharmacist involvement in NHS Direct and setting up the pilot for the OTC supply of emergency hormonal contraception in Lambeth, Southwark & Lewisham HA

Lloydspharmacy has sponsored Diabetes UK's annual "Walk in the Park" event for the second year running. At the Walsall

Arboretum walk Sharron Davis was joined by (left to right) Nitin Korla, area manager for Lloydspharmacy, Julian

Higman, regional pharmacy manager and Peter Shorrick, regional manager for Diabetes UK



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Ref 1. Scurr JH, et al. Frequency and prevention of deep-vein thrombosis in long-haul flights: a randomised trial. *The Lancet* May 2001; vol 357 nos. 9267.

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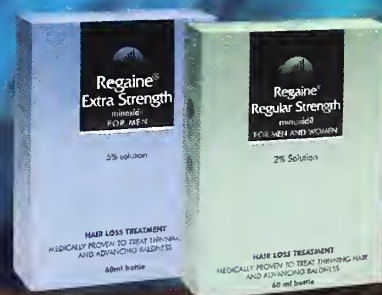
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